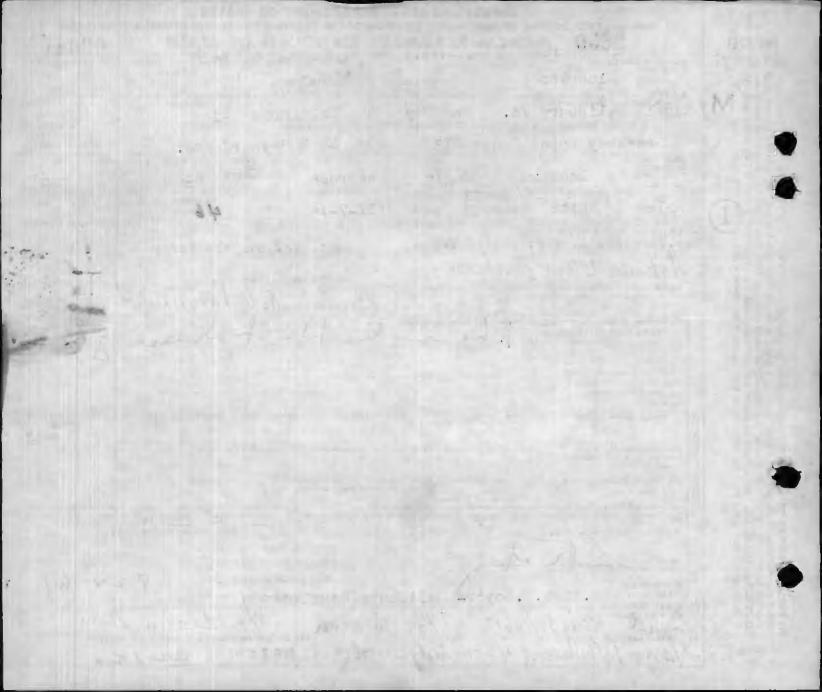
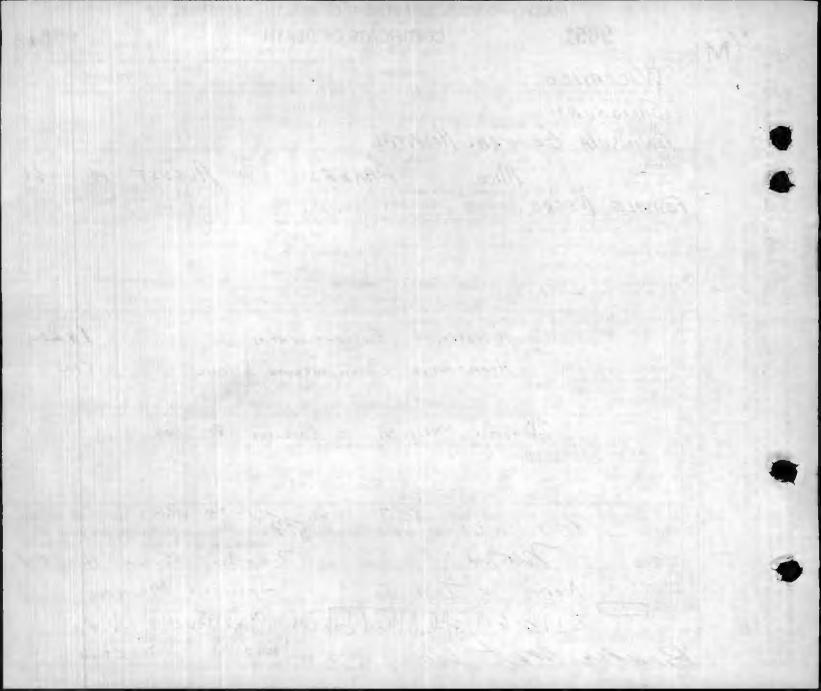
ESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. Film 6293 9/5/61 jwk.

2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before admission) 10,11,12,8,14 1. PLACE OF DEATH e. COUNTY Page files. Health, b. COUNTY Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) director. write_RURAL and give nearest town) 님 Rurall Salisbury One Day Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS for Boar IS RESIDENCE ON A FARM? Greenway Motel Route #13 Hayward retained YES NO [State death NAME OF Middla DATE Month Yeer DECEASED d within 24 hours after det. Sie an 18. Give Pages 1, 2, and 3 to thin the form PM3. Page 5 may be retrmit. File pages 1 and 2 with the constant within 72-frount after o the (Type or print) Leonard DEATH Enorle Ambrose 8-2I 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER I YEAR | IF UNDER 24 HRS. last birthdey) Months Hours Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Steta or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Rep.for Intn'l . Cir. Distribution West Va Harpers Ferry 13. FARHER'S NAME Rebecca 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. Address (Yes, no, or unkown) | (Ifyasgiveweroridatasofservice) permit. "in pencil in Item 18 Office along with for 18. CAUSE OF DEATH | Enter only one cause po Ane for (e), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. and IMMEDIATE CAUSE (a) a word "pending" in pen adical Examiner's Office ould be used as a burial-th cremation, or removel, a **DUE TO** Conditions, if eny, which [b) gave rise to Immediate cause DUE TO (e), stating the underlying cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical NO T plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Pert II of Item 18.) age 3 shout to burial, o PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While please execute the certificate, wr 4 should be forwarded to the CO FUNERAL DIRECTOR: Pag or its designated agent, prior to Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO EXAMINER'S DEPU Shury Monday (Brandity, loyp, or county) NAME (Type) .R. Royer 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME O LOCATION (City, town, or country) MOVAL (Shecify) 240 g 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME arthur S. Kraus 5M 9/60



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phy al ar his centr	ematian,	MEDICAL	20c. TIME OF INJURY Man Hour a. m. p. m.	h, Day, Year	20d. INJURY OCCU While Nat wh at wark ot wark	rile fac	CE OF INJURY (Home, far tary, street, affice bldg., e	m. 20f. (City or town)	(C	aunty) (State)
aspit fter	בו ב פור ב		21. I certify that I o	tended the d	leceased from	8-9	1961, 1093	-8-14	19.61,that I las	it sow the deceased
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HOSPI nay be FUNER	e regis	220	BURIAL CREMATION 22b	DATE THEREOF		M A M &	I LALOUL	22d LOCATION ICH		(Stote)
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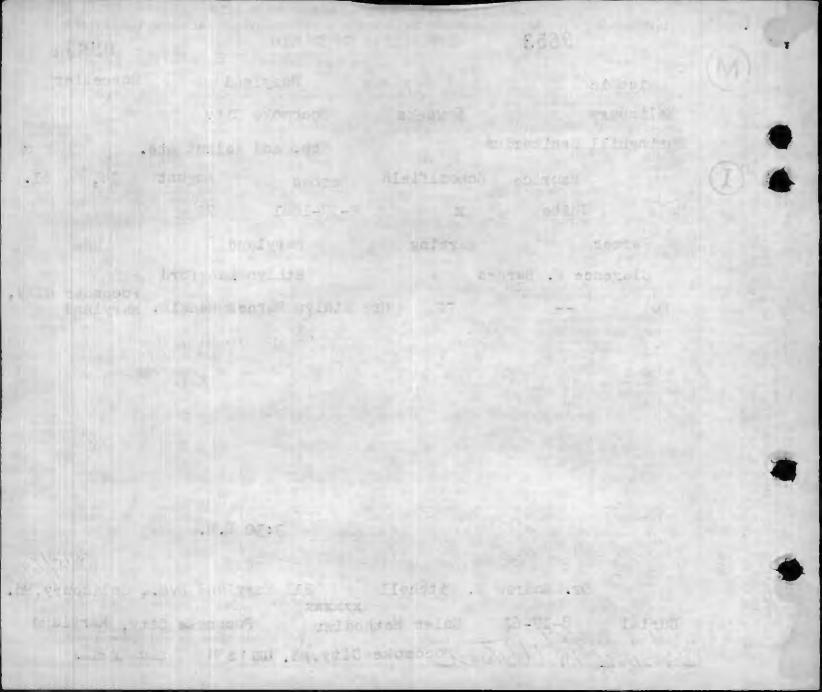
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MADVIAND STATE DEDADTMENT OF HEALTH

MARILAND STATE DEPARTMENT	NE DEWILL
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PREST	ON STREET, BALTIMORE 1, MARYLAND
9653 CERTIFICATE OF DEAT	H 09644

	1. PLACE OF DEATH	1	2. USUAL RESIDENCE (Where	deceesed lived, If Inst	titution: Residence bef	ore edmission)					
Л	e. COUNTY		e. STATE Manual and	b. COUNTY	Worcest	an 1/					
	Wicomico	MARYLAND	Haryland								
	b. CITY OR TOWN (if outside corporale limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporete limits, write Ki	UKAL end give neeres	1 lownj					
1	Salisbury	6 weeks	Pocomoke Ci	tv	254	7 4					
C	d. NAME OF HOSPITAL OR INSTITUTION (if not in)	tospilel, give street address)	d. STREET ADDRESS	-	0.	IS RESIDENCE					
Ĥ	Springhill Sanitariw		5th. and Wa	alnut Sts	YES	ON A FARM?					
	3. NAME OF First DECEASED	Middle	Lasi 4. DATE OF	Month	Dey	Yeer					
	(Type or print) Maurice	Schoolfield	Barnes DEAT	H August	14,	19 61.					
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.	. DATE OF BIRTH	9. AGE (In years IF lest birthday)		NDER 24 HRS.					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WED X DIVORCED	9-17-1881	79 vrs.	Aonths Deys Hou						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele,	or foreign country)	12. CITIZEN OF WH	AT COUNTRY?					
	Farmer	Farming	Maryland		USA						
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
	Clarence F. Barne	s	Ethlyn L	ankford							
		6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	Pocomok	e City.					
	(Yes, no, or unkown) (Ifyesgivewerordelesofservice)	Mrs	s Ethlyn Barnes	Rankin							
	18. CAUSE OF DEATH [Enter only one couse pe		Builty Darmes	Health Till		L BETWEEN					
	PART I. DEATH WAS CAUSED BY	0	1	_		AND DEATH					
	IMMEDIATE CAUSE (e) (Croncy / hrontoble										
	410 DUE TO	2 1	1 - 11	NO.	_						
	Conditions, if eny, which \ (b)	1 to the terms of									
	geve rise to immediate cause										
	(e), stelling the underlying DUE TO										
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	PART II. OTHER SIGNIFICANT CONDITIONS C	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED?									
) I I						NO I					
	200. ACCIDENT WAS UNDERLYING 1 20b. D	SESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or Part	I II of item 18.)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT										
	20c. TIME OF INJURY Month, Dey, Yeer 2D Hour a.m. WI			ity or town)	(County)	(Stete)					
	Hour s.m.	hile Not While fects	ory, street, office bldg., etc.)								
					44	*** * * * * *					
		21. I certify that (I) (this hospital) attended the deceased from									
0	saw the deceased alive on	1.4.1.19, and that	death occured at J. J.W. fre	im The causes ar	nd on the date s						
	22a SIGNATURE	11	ATTENDING MED	CTAFE	-01	22b. DATE SIGNED					
	1 1 Month	UI M	ATTENDING MED STAFF PHYS. DIRECTOR PHYS.								
	226, PHYSICIAN'S	9	22d. ADDRESS		7-1	-161					
	NAME (Type) Dr. Andrew	C. Mitchell	211 Marv1	and Ave.	, Salisb	nrv. Md.					
	73m BURIAL CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY		CATION (City, town		(Stole)					
1	REMOVAL (Specify)				10.0						
1	Burial 8-17-61	Salem Meth		comoke Ci		land_					
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2 Se. REC'D BY REG	ISTRAR 256. REGIS	TRAR'S SIGNATURE						
1	Klening W. Wal	sor Pocomoke	City, Mer AUG 18	'61 a	rthur S. Kraus						
	A John Man										



DIVISION OF STATISTICAL RESEARCH AND RECORDS, CERTIFICATE W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH Film 6202 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE 1 5 T Wi comi co MARYLAND Maryland Wicomico b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) and c. LENGTH OF STAY IN 16 è write RURAL and give neerest town) hours after Salisbury Days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE Division St ON A FARM? YES NO Deer's Head State Hospital NAME OF DATE Last Year DECEASED OF (Type or print) DEATH 19 Beaslev within August carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH and last birthday) Months Deys Hours WIDOWED T DIVORCED eveni, Female White physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? **F⊞MOV**■ done during most of working life, even if retired) U. S. A. None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending pl Pu 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, pp, pr unkown) | (If yes give wer or detes of service) Hospital Records -- Salisbury, Maryland the attending physician.

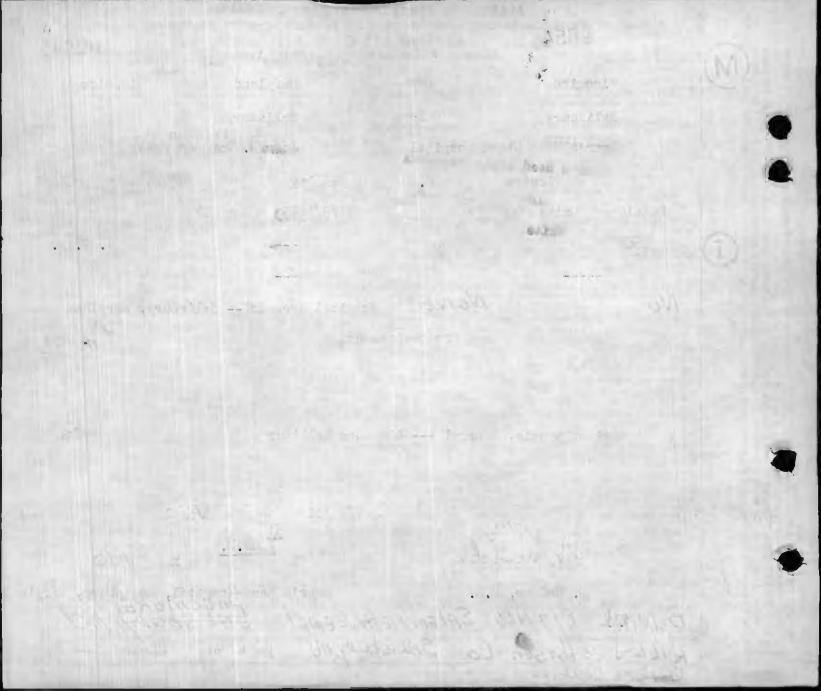
nas been signed by the burial-transit permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: of Bronchopneumonia Days IMMEDIATE CAUSE (e) emation, DUE TO Conditions, if end, which (b) gava rise lo immediate cause **DUE TO** (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY certificate PERFORMED? NO Arteriosclerosis, General --- Diabetes Mellitus use prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) factory, street, offica bldg., etc.) While Not While Hour a.m. et work et work AN ATTEND Anay be retained DIRECTOR: p.m. 21. I certify that (I) (this hospital) attended the deceased from 7/27/61 19...... to 8/5/61 19...... that (I) (we) last saw the deceased alive 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF m PHYS. DIRECTOR PHYS. M.D. death. Page 4

CO FUNERAL

director, page 3

be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Maldve. M.D. Deer's Head Kospital, Salisbury, Maryland 23 NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 236 256. REGISTRAR'S SIGNATURE SON CO. SALISBURY, My DATE 25a. REC'D BY REGISTRAR **VR A15 (4)** AUG 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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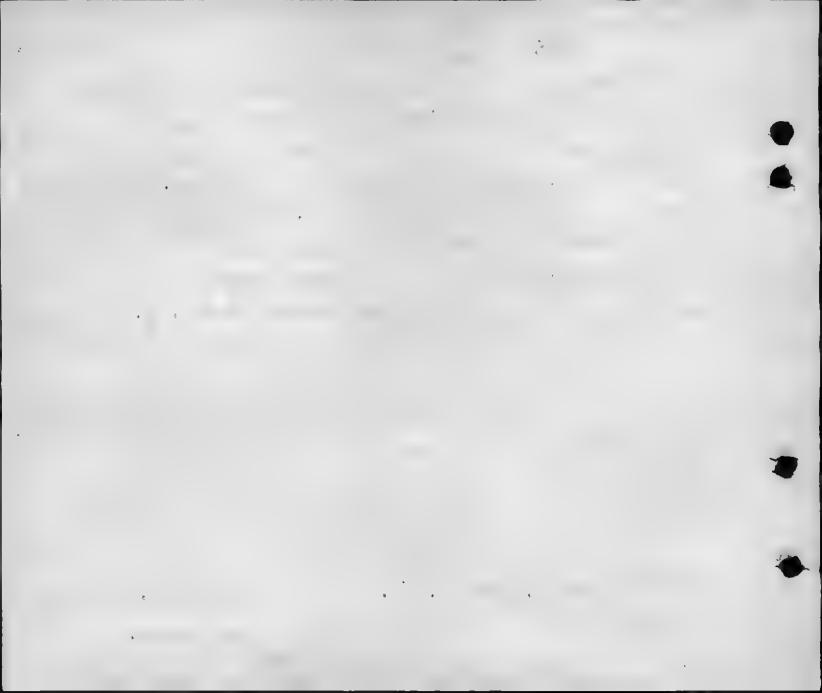
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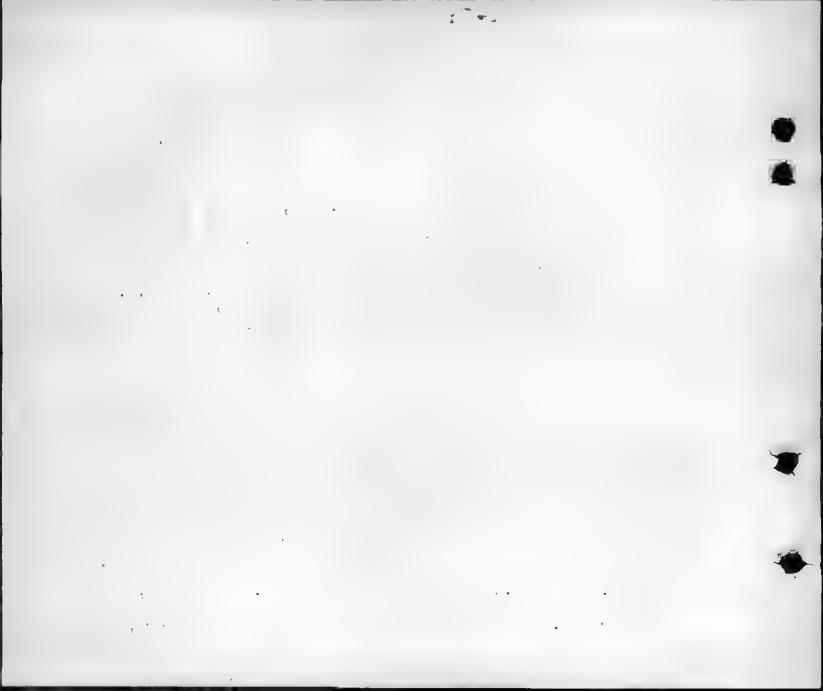
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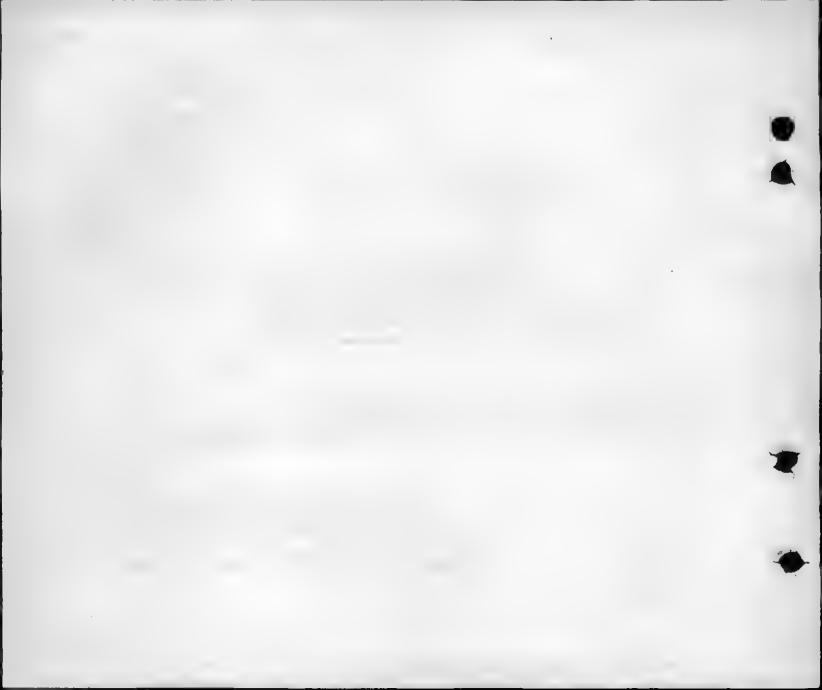
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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4		PLACE OF DEATH	Wicomico		MARYLAND		usual residence (Mary la			If institution COUNTY	_	before ode	/
2	ŀ	CITY OR TOWN (IF RURAL and give need Salisbury	autside carporate limits, irest tawn)		6/27/61		c. CITY OR TOWN (IF Hurl	autside ca	rporate limi	ls, write RL	JRAL and giv	e nearest f	awn)
	(d. NAME OF HOSPITA OR INSTITUTION	L (if not in hospital, give	street address)	<u> </u>		d. STREET ADDRESS			C	OX-	10	RESIDENCE
	- 1	NAME OF DECEASED (Type or print)	First Marie		Middle	**	Conaway	4. DAT OF DEA		Mont		Doy 12	Year 19 6
ĺ	5. \$	Female	6 COLOR OR RACE 7. Colored w		/ER MARRIED []		ATE OF BIRTH 1y 14, 189	1	9. AGE last	(In years pirthday) yrs	Manths D	YEAR IF UI	
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	13.	FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME					
1		Da	vid Waters					XXXXX	KXKKK	s Mah	aly Co	naway	1
	{Yes		IN U. S. ARMED FORCES yes, give war or delet of service		D		mant ords of Pi	ne B	luff	Addro State		ital	
		PART I DEAT	H [Enter only one couse H WAS CAUSED BY IMMEDIATE CAUSE (a)	per line for (a), (t		arj	Tubercul	osis					BETWEEN ND DEATH nths
700		Canditions, if an gave rise la im cause (a), stating the lying cause last.	mediate DUE TO										
	CATION		R SIGNIFICANT CONDIT	IONS CONTRIBUTION	NG TO DEATH BU	17 NO1	RELATED TO THE TERA	AINAL DISE	ASE COND	TION GIV	EN IN PART I	PE	AS AUTOPS
	CERT FI	20g. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEATH	b. DESCRIBE HOW	INJURY OCCURR	ED. (E	nter nature of injury in	Part I ar	Part II af ite	m 18)			
	MEDICAL	20c. TIME OF INJURY Haur a m. p. m.	Manth, Day, Year 19	20d INJURY OCC While Nat w at wark at war	hile h	LACE actory,	OF INJURY Hame, far street, affice bldg., et	m, 20f. (City or town)	(Ca	unty)	(Stat
		21 I certify that (I) (this haspital) ottended the deceosed from 6/27/, 161, to 8/12/, 1961, that (I) (we) last sow the deceosed alive on 8/12/ 19 61, and that death occurred at 2p, M, from the causes and on the date stated above											
		220. SIGNATURE	Ritch	mei		M D.	PHYS C	AED DIRECTOR	STAF PHYS			8,	22b, DATE 51GNE 13/6
		22c PHYSICIAN'S NAME (Type)	E. P. Ritch	nings			Sal	isbu	ry, M	aryla	and		
	23a	BURIAL, CREMAT.ON BEMOVAL (Specify) BURIAL	Aug. 18, 1		E OF CEMETERY			1	CATION (CI		r county) Marke		State) rylan
h	24	FUNERAL DIRECTOR'S		ADDR				'D BY REC	GISTRAR	2Sb REGIS	TRAR'S SIGN	NATURE	
	J,	.J.Frampton	n and Son, E	rederalsb	urg, Mar	yla	nd DATE	UG 1	7 '61	C	Thur S.	Thrusk	

ed in by me funeral director, I and 2 should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely the page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to buriol, cremotion, ar removol, and in any event, within 72 hours after deathy.

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TON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND 9660 funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admiss on) a. COUNTY a. STATE b. COUNTY Wicomico Wicomico by the MARYLAND b. CITY OR TOWN (if outside corporals imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporale limits, write RURAL end give nearest fown) write RURAL and give neerest town) Salisbury Salisbury 6 days d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital Route YES NO NAME OF Dey Middle 4. DATE Month Year DECEASED OF (Type or print) Ernesti ne Marion Cottman DEATH 19 61 August COL withi 6. COLOR OR RACE 7. MARRIED NE ER MARRIED K carbon 5. SEX B. DATE OF BIRTH AGE (In yeers | IF UNDER I YEAR) IF UNDER 24 HRS. est b rihdey) and Months Female Colored WIDOWED [DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most plyworking life, even if retired), Mau 13. FATHER'S NAME ~ 16. SOCIAL SECURITY NO.1 17 15. WAS DECEASED EVER INCU.S. ARMED FORCES? Address (Yes, no, or unkown), (If yes give wer or detes alservice) 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) ONSET AND DEATH signed by DEATH WAS CAUSED BY: Ca. of rectum with metastasis to liver yrs 上章 IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if eny, (b) geva risa to immediata cause **DUE TO** (e), steting the underlying PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO prior 20b. DESCRIBE HOW NJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20f (City or lown) (County) (Stele) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work DIRECTOR: 22e. SIGNATURE 22b. DATE SIGNED ATTENDING. DIRECTOR PHYS. PHYS. 6 FUNERAL 22c, PHYSICIAN'S 22d. ADDRESS NAME (Type) Head State Hospital; Salisbury, Md. Deer's 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 0 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S VR A15 (4) 15M 9/60 1-5-6

l hitzman

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9667 cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND CO72160 burio!, b. CITY OR TOWN (If outside corporate timits, write RURAL c. RENGTH OF STAY IN 1b Lc. City OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSEITAL, OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS े च 3. NAME OF 4. DATE DECEASED OF DEATH (Type or print) 5. SEX OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 6. COLOR 8. DATE-OF BIRTH WIDOWED | DIVORCED T 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY M. BIRTHPLACE State or foreign country) during most of working life, even if retired) molnd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME poges 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres <u>Give</u> 18. CAUSE OF DEATH Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) olong with form buriol-transit p DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY 50 CERTIFICATION ō 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, i 20f. (City or town) factory, street, office bldg., etc.) Hour o. m. Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection death resulted from: Natural couses M. Suicide | Accident , Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworded to FUNERAL 1 ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 1226. 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or county) REMOVAL (Specify) 0 23. FUNERAS DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 21

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

IF UNDER TYEAR

(County)

Inquiry ,

arthur & Heart

DATE

Doys

Months

6020706

a. IS RESIDENCE ON A FARM? YES NO D

19

IF UNDER 24 HRS.

Min.

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

PERFORMED?

NO [

(Stote)

and find that

DATE SIGNED

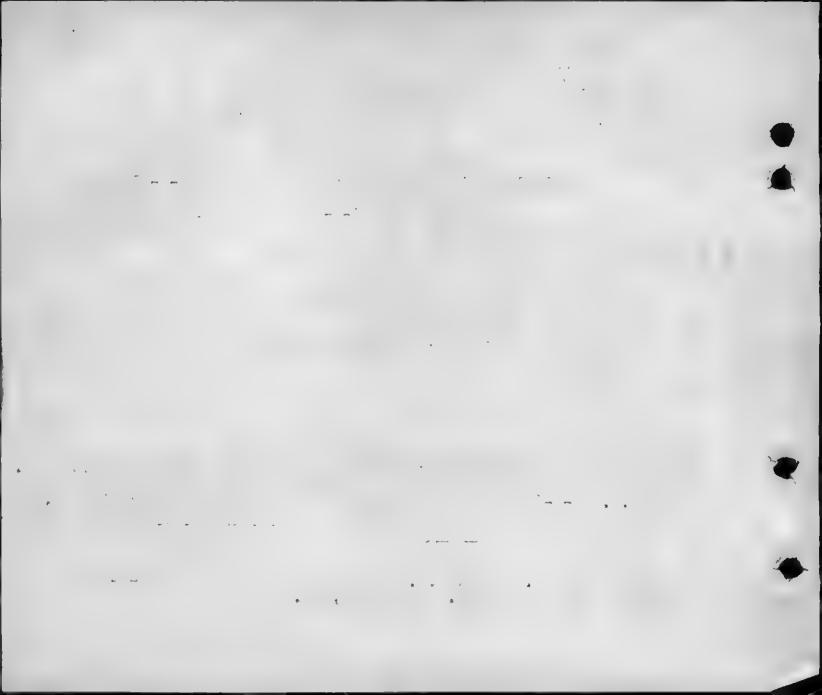
8-18-61

(State)

VS. A15ME(5) 5M 9/55



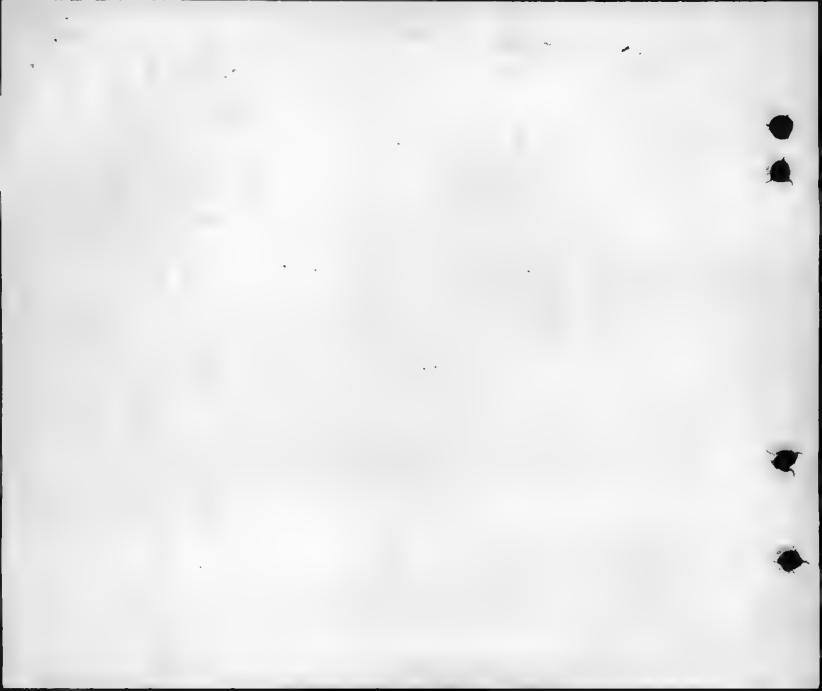
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH unector. Pervour files. 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) e. COUNTY STATE b. COUNTY Wicomico MARYLAND Delaware b. CITY OR TOWN (I outside corporate limits, c CITY OR TOWN (If outs de corporate limits, write RURAL end give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give negrest town) Salisbury
d. NAME OF HOSP,TAL OR INSTITUT, ON (if not in hospitel, give street eddress) Selbyville d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X late R Route Box 3. NAME OF Midd.n 4. DATE DECEASED OF (Type or print) DEATH Reginald Clarence 5-7-61 19 with 6. COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 5 m 5 m 5 m hours may 2 with last birthday) Months pue Hours Devs WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work , 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Truck driver 14. MOTHER'S MAJEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ! (Ifyesgivewerordelesofservice) 18. CAUSE OF DEATH fenier only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudde Fractured cervical spine MMEDIATE CAUSE (6) r's Office as a burial-h DUE TO Canditions, if env. which (b) geve rise lo immediate cause DUE TO Examiner (a), stelling the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1/01 19, WAS AUTOPSY PERFORMED? The word ' Medical Ex should be t cremati NO. 200 EXTERMAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of Item 18.) CAUSE OF DEATH burial, Driver of truck that ran off the road and overturned. writing f e Chief / Page 3 s 20c. TIME OF INJURY 1 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) Month, Day, Year (County) (Stete) fectory, street, office bidg., etc.)
Route # 50 _Not While While 2 please execute the certificate, w should be forwarded to the to FUNERAL DIRECTOR: Pa it its designated agent, prior it Wicomico Md. el work X el work Salisbury # # H Route 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X InquiryX and in my opinion death resulted from Natural causes Accident X. Suicide Undetermined manner Homicide | | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Royer M.D. 8-9-51 DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Ave Solisbury Additionet, city, town, or county)
22c. NAME OF CEMETERY OR CREMATORY | 22d. LOCATION IC NAME (Type) Camden 226. DATE THEREOF 22a. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) (Stele) REMOVAL (Specify) Q40 9 24m, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VIII. A15ME arthur S. Thous 5M 7/59



•		MARYLAND STATE DEPAR	TMENT OF HEALTH—BALTIMORE, 18
-	i.	9663 CERTIF	ICATE OF DEATH Reg. Dist. No. (19653
Page	M gardon director	PLACE OF DEATH O. COUNTY WICOMICO MARYLI	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE b COUNTY COUN
death.	id be fi	b. CITY OR TOWN (If ausside carporate limits, write RURAL and give nearest tawn)	1 1b c CITY OR TOWN of publide corporate limits, write RURAL and give negrest town)
	2 show	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Penin NSula General Hospital	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO
24 hou	and and	NAME OF DECEASED (Type or print) Middle Jahr Jahr Jahr Jahr Jahr Jahr Jahr Jahr	Lost 4. BATE Month Day Year
withio	Page (I)	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	PATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
coted	ample opers.	DIVORCED DIV	
ра өхө	rban p	Machinist Handleville	14 MOTHER'S MANDEN NAME
ficate	ysician ove ca surs afi	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	INFORMANT Address 1.
h certi	ing place rem se rem 72 hc	es, no. of uniformy (1) (If yes, give wor or dates of service) 18-20-3719	my Hattiell Hames Snow Hell MY
e deat	attend n plea r within	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
that th	by th≡ 1. The 7 even	5 + 0 . 1 DUE TO A 1 +	I saticalor unturn
quires 1	signe t permit	Canditions, if any, which gave rise to immediate cause (a), stating the under-	Jame week
taw re	a baen si ol-transit ival, and	, (c)	H BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
The P	he burie or remo	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18)
HYSIC III	use as t matian,	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Nat while of work of work	Ge PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) foctory, street, affice bldg., etc.)
NING I	Affer the ed for ed for iol, cre	21. I certify that I attended the deceased fram	1961, ta 8/24 , 1961, that I last saw the deceased
TTENT	detach to burn	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	leath accurred at 904 M, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED
Cineci	lid be	ACTUAL SIGNATURE (Silver / Ashan)	g. M.D. Jalsky Me 8 46
SPITAL	3 show gistrar	PHYSICIAN'S NAME (Type)	FEW OR CREMATORY 22d JOCATION (Crematory or county) (Stote)
O HO	Poge the re	PROPOSAL CREMATION, 125) DATE THEREOF BOTTOS LINE BOTTOS LINE	houst a sun Hills med
V\$ A1		PUNEPAL DIRECTOR'S SIGNATURE , ADDRESS // AD	DATEAUG 2 8 '61 Com L. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ADDRESS

DOOM

death. Page 4

The law requires that the death certificate be executed with TO HOSPITAL

	
1. PLACE OF DEATH o. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland. b. COUNTY Wicomico
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	
Delmar (Rural)	Delmar (Rural)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION . D . # 3	d. Street address R.D.# 3 On FARM? YES IN NO
3. NAME OF First Middle DECEASED JOHN MARTON	DOWNES OF AUGUST 7th 19 61
5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	
Hale White WIDOWED DIVORCED	April 21, 1883 lost birthdoy) Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)	
Retired Timber Cutter Timber	Sussex Co. Delaware USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Downes	Sophia C.Melson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or defes of service] [If yes, give wor or defes of service]	Mrs. Sarah E. Downes (Wife) H.D. # 3 Delmar Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
IMMEDIATE CAUSE (a)	i farine Lors
DUE TO	10 1 6
Conditions, if ony, which) (b) Circurcless-	tie and by perlaneine front - Kyrs +
gave rise to immediate DUE TO	
buing course lost	1-16-1
Z P. H. OTUER CICALIFICANT CONTRIBUTING TO DEATH 8	BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY
PARI II. STREKSIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED? YES NO
206 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I ar Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. P. m. N/A 19 While Not while at work at work	PLACE OF INJURY (Hame, form, factory, street, affice bldg., etc.) 20f. (City ar town) (County) (Stole
	2/4 1052 to all of 10 that (1) (was see
21. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an	7. 1.5P N
220. SIGNATURE	22b.DATE
Ernet m. Jarmere	M.D. ATTENDING MED DIRECTOR STAFF Aug. 8 /1961
72c PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Ernest M. Larmore	Delmar, Delaware
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
REMOVAL (Specify) Aug. 10. 1961 Melson C	37 7 7

MARYLAND

25a. REC'D BY REGISTRAR

761

DATE AUG 9

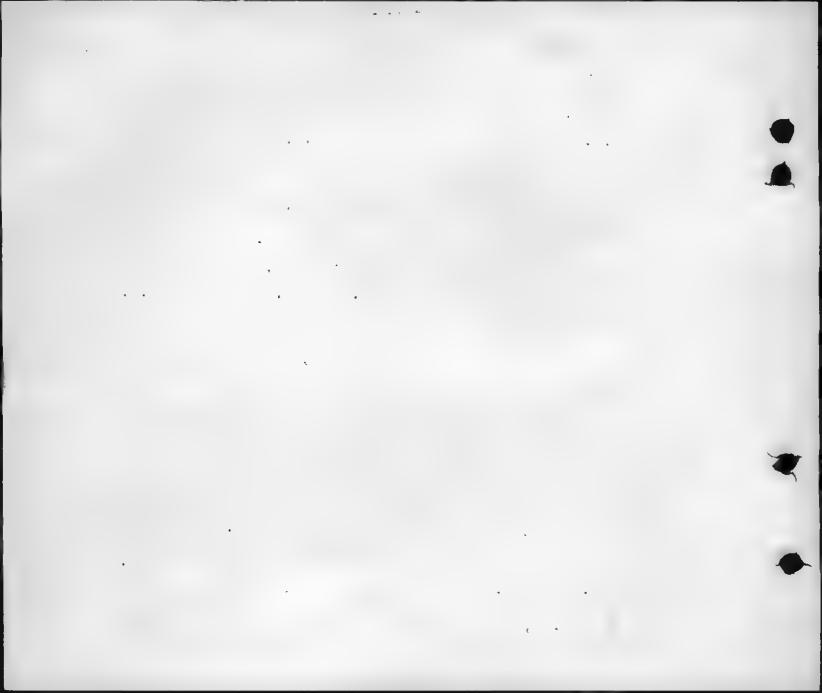
25b. REGISTRAR'S SIGNATURE

Cirling & Kines

VR A15 (4) 15M 9/59

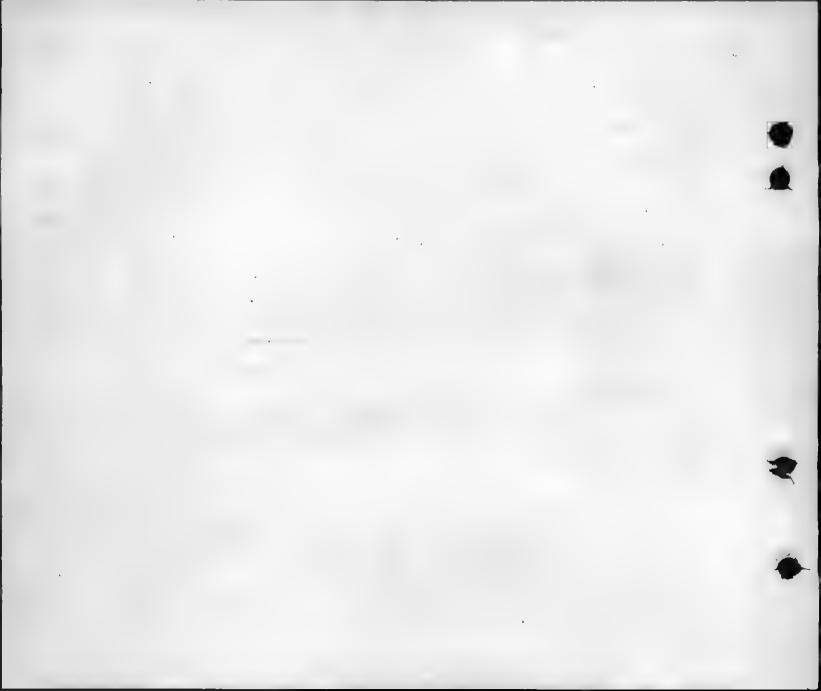
24, FUNERAL DIRECTOR'S SIGNATURE

COMPANY



Division of STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF **FOR STATE** MEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY cessary, or, Page r f les. a. STATE **b.** COUNTY Wicomico Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporete limits, write RURAL end give neerest town] write RURAL and give neerest town] 흥 Rural) Salisbury Salisbury (Rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE QN A FARM? (Air Port Road) R.D.# (Air Port YES AND T State 3. NAME OF Middle 4. DATE DECEASED (Type of print) JOSEPH HERRERT FISHER DEATH AUGUST 19 61 6th d within 24 hours.
In 18. Give Pages 1, 2, ancue to form PM3. Page 5 may be really form PM3. Page 5 may be really a step to the step to th after 5. 5EX 6. COLOR OR RACE T, MARRIED NEVER MARRIED DO B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours Male Dec.7th, 1958 WIDOWED ! DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY: 11 8'RTHPLACE (State or fore gn country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Olean, New York S None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josephine H(Fisher)Bargy Herbert James Fisher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT with for permit. I rs. Josephine H. Fisher (Mother) R.D. (Yes, no. or unknwn) | (Ifvesgivewergraetesofservice) No Salisbury, Maryland None (Air Port Road) 18. CAUSE OF DEATH [Enter only one cause per hipe for [4], (b), end (c).] Office along w burial-fransit p INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) r's Office s a burial-f removal, **DUE TO** should Conditions, if any, which (b) geve rise to immediate cause Examiner's **DUE TO** (e), stelling the underlying ঠ cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19. WAS AUTOPSY CERTIFICATION e certificate, writing the word " arded to the Chief Medical Ex (RECTOR: Page 3 should be u agent, prior to burial, crematio PERFORMED? NO F 20s. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of Item 18.) PRIMARY IT or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) While Not While Hour (e.m. ine the certificate, w forwarded to the IL DIRECTOR: Paleted agent, prior t el work et work 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection X Inquiry X and in my opinion EDICAL Accident P death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward. FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY Dr. Earl L. Royer DEPUTY MEDICAL EXAMINER Aug. NAME (Type) 1107 Camden Ave Sal Shury Md Add Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) (Stelle) REMOVAL (Specify) 240 g Salamanca Salamanca, New York Burial 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VII. A15 HOLLOWAY & COMPANY -SALISBURY MARYLAND 5M 9/60 DATE AUG 9 Curling & House





VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9658 CERTIFICATE OF DEATH 99558

a marrier magnetical Author

)	a. COUNTY	l l	a. STATE	b. COUNTY	"icomico
	b. CITY OR TOWN (if outs de corporate limits	MARYLAND LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside		
	write RURAL and giva neerast town)		c, cit i Ok (OWN (ii duisida	cosporata rimus, write KOK	at and disa negres rows
	Salisbury	7110s.29Days		0	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	, giva street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	In rin Had State H	· spital	Marie of the State		YES NO K
	3. NAME OF First	Middle	Last 4. DA	TE Month	Dey Yeer
	DECEASED (Type or print)		OF DEA	ATH A	18 19 AT
4	5. SEX 6. COLOR OR RACE 7. MARRIED	Agnes	DATE OF BIRTH	9 AGE (In years HF UN	
			DATE OF BIATT	lest b rhdey) Mon	
	Tend WIDOWED 2		July 4, 1802	79 yrs.	
	10s. JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (County & State	a or foreign country)	Z. CITIZEN OF WHAT COUNTRY?
	None	Tage .	Vicomico	- Maryland	U. S. A.
	13. FATHER'S NAME		14. MOTHER S MAIDEN NAME		
V	Talam Trans	1	Church		
Л	John Way 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, 500	IAL SECURITY NO. 17. 31		Addrass	_
	(Yes, no, or unkown) (If yes give war or dates of service)			2 2 2 1 1	76 7 7
	The design on payment is		Nuspital Reco	rl: - <u>Şalisb</u> ı	iry Maryland
	18. CAUSE OF DEATH [Enter only one couse of line f	/. //	<i>U.</i>	m 1711	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Lese	or al th	Econ Coses -	mucage.	u 5 yra.
	X DUE TO	1 -	11-1	1/	1
	Conditions, if any, which \ (b)	es aller cl	Urlirin	acleson	, 10 ys.
	geve rise to immediate cause				
	(a), steting the underlying Doz 10				
		LITING TO DEATH BUT NO	T DEL ATER TO THE TERM NA DISE	ASE CONDITION GIVEN IN	I BART 11 19 WAS ALITOPSY
	2 PART I. OTREK SIGNIFICANT COMPILIONS CONTRIB	OTING TO DEATH BOT NO	I KELATED TO THE TEXASTRACT DISC	ASE CONDITION GIFTING	PERFORMED?
	 				YES NO 1
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200 ACCIDENT WAS UNDERLYING 20b. DESCRIB OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW NIJRY OCCURED.	(Enter neture of in ury in Pert I or I	Pert II of item 18.)	
	G (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	3 20c. TIME OF INJURY Month, Day, Year 20d. NJU	RY OCCURRED 200. PLA	CE OF INJURY (Home, lerm, 201,	(City or town)	(County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. NJU While at work	Not While fector	pry, street, office bldg., etc.)		
			12/20/60 40	0/10/2	40 1 (0) () 1 (
	21. I certify that (I) (this hospital) attended				
		19 and that	death occured att.Q.:M,	from the causes and	
	220, SIGNATURE		ATTENDING MED 5P	.M. STAFF	22b, DATE SIGNED
	How of daws	M.	D. PHYS. DIRECTOR	PHYS.	
	22c. PHYSICIAN'S		22d. ADDRESS		
	NAME (Type) Lee L. Lawry.	The side of	I complete in the contract of	Car be Mos. 1t	al - Salish J
	44	NAME OF CEMETERY		LOCATION (City, toyen or	
	REMOVAL (Specify) \ \ \/92/19/1	aun +	Time	Alastica	mal
	OF SUMPLE DISCOURS SIGNATURE	ADDRESS	25a, REC'D BY R	FGISTRAR 256. REGISTR	AR'S SIGNATURE
2	24 FUNERAL DIRECTOR'S SIGNATURE	111	/	Ics	
•	Chistan of XILWEST Sa	why TH	DATE AUG 2	arth.	1 S. Know





	9670 CERTIFICATE OF DEATH Reg. Dist. No. (1966)
M	1. PLACE OF DEATH D. COUNTY WICOMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY D. COUNTY WICOMICO
0	b: CITY OR TOWN (if outside carporate limits, write SURAL and give nearest town) RURAL and give nearest town) 12 hours d. NAME OF HOSPITAL (if not in hospital, give street address) e. IS RESIDENCE
2 7 5 K	Peninsula General Hospital Box 31 RFD ON A FARM?
~	3. NAME OF DECEASED (Type or print) Tyrone Antonia Speens Death August 6 1961
	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In Jean lost birthdoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12.CITIZEN OF WHAT COUNTRY U.S.A.
(I)	13. FATHER'S NAME Albert Greene Joan E. Hill
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event within	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). PRIVIPLE TO LIDUE TO INTERVAL BETWEEN ONSET AND DEATH
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ouriol, o	21. I certify that I attended the deceased from
rior to	ACTUAL SIGNATURE CILLUL CHILD M.D. M.D. Centre (Street, city or town, state) DATE SIGNATURE ADDRESS (Street, city or town, state) DATE SIGNATURE ADDRESS (Street, city or town, state)
istrar p	PHYSICIAN'S NAME (Type) Salishing, manyland
the f	220. BURIAL CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or county) (Stole) BUTIAL August 9,1961 Zion Church Cemetery Near Sharptown, Maryland
P q	23. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland DATE AUG 11 '61 Lithur S. Hand

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1	1	CERTIFICATE OF DEATH
عن	The state of the s	CERTIFICATE OF DEATH Reg. Dist. No. 19966
ectal S with		1. PLACE OF DEATH O COUNTY O STATE OF DEATH O STATE OF
± ± € (M)	Maryland Maryland Wicomico
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e fun		SALISBURY Salisbury
5 sh	1917	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM?
n b	0 3/	TENINSULA GENERAL HOSPITAT 721 Camaen Ave. YES NO 1
P -		3. NAME OF DECEASED (Type or print) BTHA S. HEAR J. DATE Month Day Yeor OF DEATH A 1
Pages		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
		FEMALE WHITE WIDOWED AUG. 19, 1808 19 Months Days Hours Min
cample papers.		100 USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 112, CITIZEN OF WHAT COUNTRY
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iciai e co	T	Geo. Washington Smith Mary Emma Hearn
phys may hau	4	18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. WINFORMANT W. Derickson (Sister) Canden. Ave.
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his c		Hour o. m N/A 19 While Not while of work of work of work
spik ter t		21. I certify that I aftended the deceased from June 24, 19 57, to 8/14, 196/, that I last saw the deceased
e ha : Af chec		alive an \$1.3 , 1961 , and that death occurred at 2 M, from the causes and an the date stated above
det G	1	ADDRESS (Street, city or lown, stote) DATE SIGNEE
REC be		SIGNATURE Cufer Souther M.D. Aug. 15/196:
D D		PHYSICIAN'S D. D. A. C. Condman I. O Dina Pluss Pa Coli churu Monulland
She she		PHYSICIAN'S Dr. Rufus S. Gardner Jr Pine Bluff Rd. Salisbury, Maryland
S C P	9	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
O Fog		Durial Aug. 16, 1961 Mt Olive Cemetery Delmar, Delaware 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
S A1S (4)		HOJLOWAY & COMPANY SALISBURY MARYLAND DATE ALIG 1 7 '61 Challen 2. Known
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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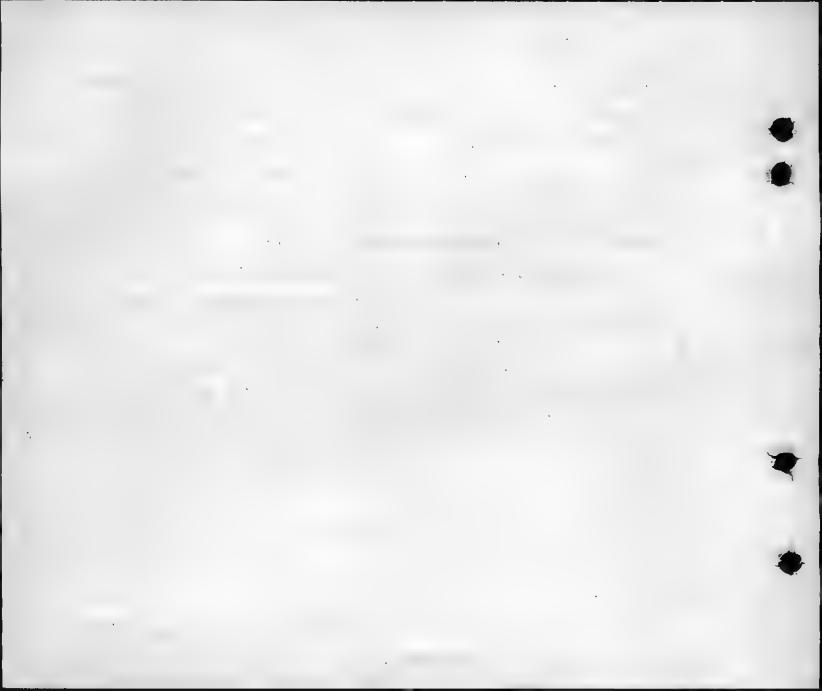
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 9673

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	1. PLACE OF DEATH a. COUNTY OMICO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY WICO +7/CC
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest jown) RURAL and give nearest jown) RURAL and give nearest jown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION BACON ST BACON ST VES NO
)	3. NAME OF DECEASED (Type or print) AILARY A. HEATH Lost 4. DATE OF DEATH AUG 3-1 196)
	S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH WIDOWED DIVORCED DIVORCED 18. DATE OF BIRTH 9. AGE (In yedrs IF UNDER 1 YEAR IF UNDER 24 HR Months Doys Hours Min.
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	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17, INFORMANT Address 16 Yes, no. or displaying 1 He yes, give wor or diste of service) 214-10-8844 MRS DELEA HEATH, MARDELA. MD
	18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A VIEW OS C/IVO FIC HEAR FOR SOME STAND DEATH ONSET AND DEATH
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	21. I certify that (I) (this hospital) attended the deceased from 1961. to 31 (use) la saw the deceased olive on 31 (use) 1961, and that death accurred at 102M, from the causes and an the date stated above
	220 SIGNATURE ATTENDING MED DIRECTOR STAFF SIGNE 22b DATE SIGNE ATTENDING MED DIRECTOR PHYS. 22b DATE SIGNE 22b DATE SIGNE
	122c PHYSICIANIS NAME (Type) George G. Schlesinger MD World la Morelle la Morelle la
	23g RURIAL, CREMATION, 23g DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) (Stote) BURILLY MARDELA, MD.
	SMITH FUNERAL HOME, SHARPTOWN, MY 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE CLICKLA & THAMA

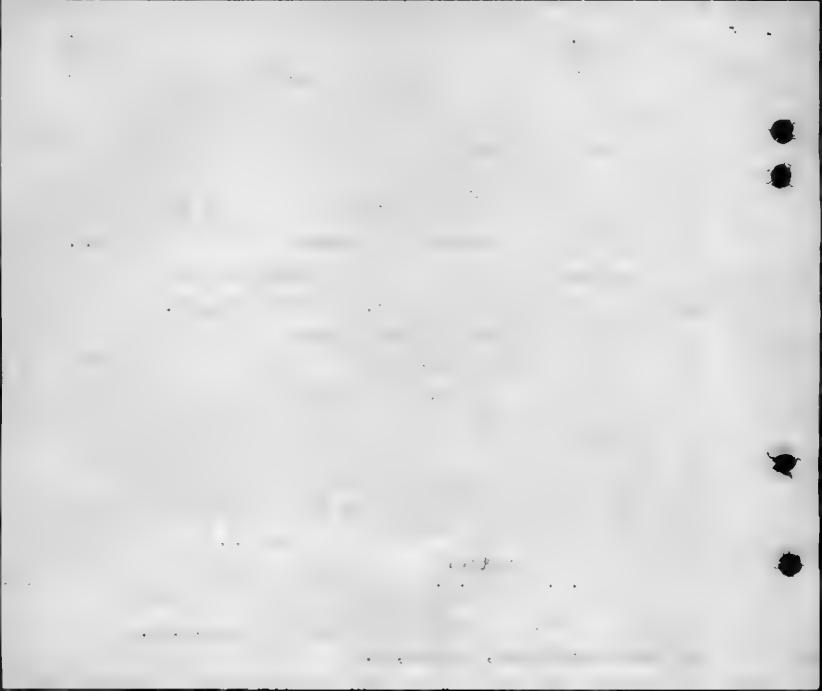


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9674 Rea. Dist. No. director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY. o. STATE g b. COUNTY MARYLAND b C TY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autitide corporate limits, write RURAL and give nearest town) <u>&</u>, RURAL and give nearest tawn) 6 MOS SALISBURY d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION SPRING ROUTE #50 YES NO V HILLS SANITORIUM NAME OF 4. DATE Middle Year Manth Day DECEASED (Type or print) DEATH 1943 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE 17 B. DATE OF BIRTI NEVER MARRIED last birthday Months Days Hours WIDOWED [DIVORCED | YIS. popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) U. S. A puo corbon VIRGINIA MERCHANI ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME g physicion remove cort VIRGINIA LILLISTON HICKMAN hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 114. SOCIAL SECURITY NO. INFORMANT Address 72 PAINTER attending NO MILTON HICKMAN ease INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which been signed gave rise to immediate **DUE TO** cause (a), stating the underpuo lying cause last PART II. OTHER-SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPS PERFORMED? physi remaval bas burial YES [NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame form, 20f (City or town) (County) (Stole) factory, street, office bldg , etc.) Hour o. m. While Not white at work at work p. m. 21. I certify that I attended the deceased from that I last saw the deceased detoched alive an death accurred at 6 M. from the causes and on the date stated above. and that FUNERAL DIRECTOR: age 3 should be detect DATE SIGNER ADDRESS (Street, city or town, state ACTUAL prior SIGNATURE strar PHYSICIAN'S NAME (Type) 22a BURIAL CREMATION 22b. DATE THEREOF town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) page 2 **ADDRESS** 24b REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE 246 REC'D BY REGISTRAR DATE AUG 1 0 '61 VS A15 (4) Chilling S. Flrance 15M 9/58



100	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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completely find in by the funera on papers. Pages 1 and 2 should thin 72 hours after death	t. PLACE OF DEATH a. COUNTY Wicomico Maryland b. COUNTY Dorchester b. COUNTY Dorchester C. LENGTH OF STAY IN 1b With RURAL and give nearest fown) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Deer's Head State Hospital J. WSUAL RESIDENCE (Where deceased lived, if Institution; Ras dance before admission) a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) Cambridge d. STREET ADDRESS 207 High Street J. J. ABTE Month Day Yes No II No II August 19 61 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS.)
oth certificate be gig physician and case ramove carbo in any event, wi	Female White widowed Divorced 11/10/1875 85 yrs. Months Days Hours Min. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even il ratirad) Housewife Martland 13. FATHER'S NAME Who will be a provided by the state of the stat
The law requires that the death itending physician. s been signed by the attending purial-transit permit. Then pleas it, cremation, or removal, and it.	William Jordan 15. WAS DECEASED EVER IN J.S. ARMED FORCES? To. SOCIAL SECURITY NO TO INFORMANT Address (Yas, no, or unkown) (Illyas giva war or date so of sarvice) NO NO Mr. Edwin Hirst, Trappe, Md. 18. CAUSE OF DEATH (Enter only one cause par lina for .e), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute myocardial failure Conditions, if any, which gave rise to immediate cause (a), stating tha underlying DUE TO Arteriosclerosis, general Years
nod by hospital or a set of Health prior to built.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.a) PERFORMED? PERFORMED? YES NO PO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Whita Not Whila at work at two performance of injury in Part II or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTION CAUSE OF DEATH (IF EITHER) OR CO
HOSPIT OR ATTEN eath. Page may be retain FUNERAL DIRECTOR frector, page 3 should be set filed with the State Dept.	21. I certify that (I) (this hospital) attended the deceased from July 24, 1901, to August 7, 1901, that (I) (we) last saw the deceased alive on August 7 1961, and that death occured at
OP OF A VR A15 (4) 15M 9/60	REMOVAL (Specify) Burial 8/9/1961 Christ Church Cemetery Cambridge Md 24 FUNERAL DIRECTOR'S SIGNATURE Le Compte FuneralS ervice, Cambridge, Md. Date NUC 9 '61 Critum & Krana

MARYLAND STATE DEPARTMENT OF HEALTH



EET. BALTIMORE 1, MARYLAND 2 USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY WICOMICO 90 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarest town) and b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY N 16 write RURAL and g ve nearest town) .⊆ d NAME OF HOSP, TAL OR INSTITUT ON (If not in thospital, give street addless) e. IS RESIDENCE ON A FARM? YES NO X 3. NAME OF DECEASED OF (Type or print) DEATH 9. AGE (In years | WNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED last bicthday) Morths Days Hours WIDOWED () DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) 13. FATHER'S NAME please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT
(Yes, no, or unknown) (Ifyosgivewerordelesofsery ce) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per tine for (a ONSET AND DEATH I. DEATH WAS CAUSED BY: MOH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which " (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Idem 18.) 20a. ACCIDENT WAS UNDERLY NG 1] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 201. (City or town) (County) (State) Month, Day, Year factory, street, offica bldg., etc.) While Not While Hour a.m. et work at work 21. I cortify that (I) (this hospital) attended the decepsed from . . I, and that death occured at . S.P.M., from the causes and on the date stated above. saw the deceased al ve on.....0. 22a. SIGNATURE 22b./DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. death. Page 7

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be filed with the 22c PHYSICIAN'S NAME (Type) 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur & Keaus 15M 9/60





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission, COUNTY **b.** COUNTY Wicomico Mary Land Somerset MARYLAND c. CITY OR TOWN (If outside corporate I mits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 Write RURAL and give neerest town)
Salisbury 46 days Rural Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospile), give street eddress, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NOT NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 19 61 Ingersoll August Henry 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (,n yeers , IF UNDER 1 YEAR , IF UNDER 24 HRS. B. DATE OF BIRTH lest birthdey) Months Hours Days Male White June 28, 1872 WIDOWED D VORCED 10e. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S. farmer Somerset. Md. 13. FATHER'S NAME 1.14. MOTHER'S MAIDEN NAME James Ingersoll Angeline Smullen 15 WAS DECEMBED EVER IN U.S. ARMED FORCES? , 16 SOC.A. SECURITY NO 17. INFORMANT (Yes, no, or unknown); (Ifyes give were releted ferrice) Evelyn Gibbons: RFD#1 Salisbury, Md. 18. CAUSE OF DEATH [Enter only one cause projune for (a. (b), and (c) ! INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if env. which' (b) geve rise to immediate cause DUE TO (e), steting the underlying couse lest. PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN N PART 1(6) 19. WAS AUTOPSY PERFORMED? NO K 206. ACCIDENT WAS UNDERLYING [206. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of fem 18.)
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CERTIFICATE OF DEATH 9679 Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY b. COUNTY MARYLAND raing Land U1007m100 WOFC b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give_neares) town **ELENGTH OF STAY IN 16** þe RURAL and give negrest fawn) ploods ccan d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? HILADEL YES NO DE mINSULa nera NAME OF 4. DATE Middle Year DECEASED DEATH 190 (Type or print) MIDNS 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths WIDOWED [DIVORCED [7] make 100 JSUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of yorking life, even if retired) ANNER (EALATUR. carban 13. FATHER'S NAME гешахе 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. ILFORD INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO IF 20g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg, etc Hour a.m. White Not while at work 🔲 at work p, m. 21. I certify that I attended the deceased from Lithat I last saw the deceased , and that death accurred at M. fram the causes and an the date stated above. ADDRESS (Street, City or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Colling S. Krans DATE

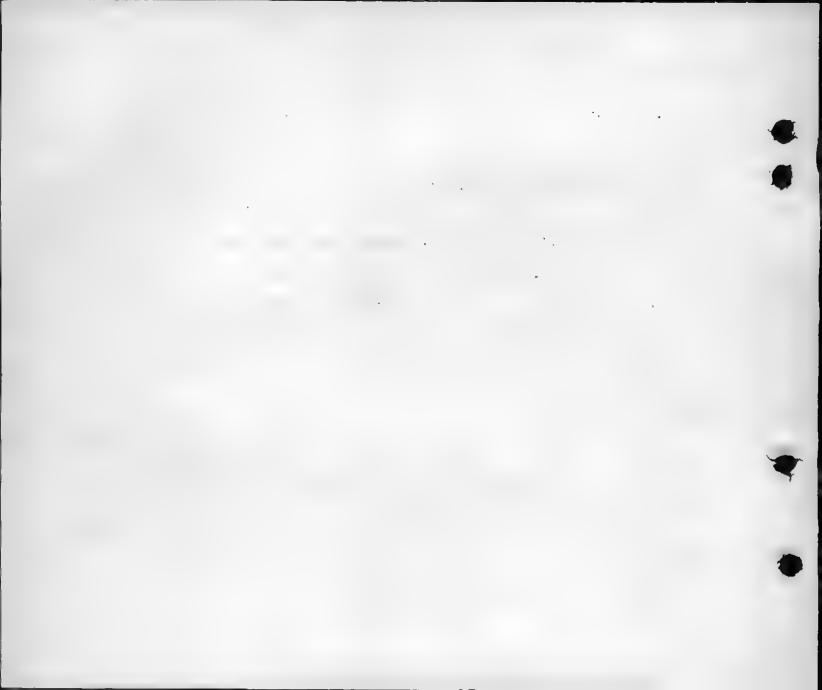
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18



	MARYI DIVISION OF STATISTICAL RESEAR 9680	AND STATE DEPAR ICH AND RECORDS, 301 CERTIFICATE O		ALTIMORE 1, MARYLA	ND Uero
M	1. PLACE OF DEATH	2.	USUAL RESIDENCE (Where dece		e before edmission
	•. COUNTY Wicomico	III.A.V.A.A.H	STATE Maryland	b. COUNTY Cecil	V
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. C TY OR TOWN (If outside corpon		eerest town)
	Salishury, Maryland	6yrs 17 days	Port Deposit,	Maryland	t as besidents
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in ho		d. STREET ADDRESS	0714	ON A FARM
4	3. NAME OF Frsi	". Midd e	loute #1	Month Dey	YES NO L
	DECEASED (Type or print) Boll	F. Jo	nes of death	A11.7. 6	19 61
	5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED . B. DA	TE OF BIRTH 9.	AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female White wow		16 74, 1700 1	5 8 yrs.	Hours Min.
	done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	. BIRTHPLACE (County & State, or fo	A.C. 12. CITIZEN OF	WHAT COUNTRY
	HOUSE-WIFE	HOME	MOTHER'S MAIDEN NAME	2,0,	
-	UNKNOWN		UNKNOWN		
.)	15. WAS DECEASED EVER NUS. ARMED FORCES? 16	SOCIAL SECURITY NO. 17. INFO		Address	
	(Yes, no, or unkown) ((Ifyesgivewerordetesofservice)	NONE MAI	ULEY H. JONES .	PORT DEPOSI	T, MD.
	1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	_	, _	ON	ERVAL BETWEEN
	IMMED' TE CAUSE (6)	Coronary thrombos	1.5		30 min
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	geve rise to immediate cause		NOW O PEROCERC	1	rears
		Arteriosclerosis,	general	Ye	ears
	PART II. OTHER SIGNIF CANT COND.TIONS CO	NTR BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CO	OND TION GIVEN IN PART 1(0) 19	WAS AUTOPSY
\	Diabetes mellitus				ES NO
-)	200. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED. (Ent	er neture of injury in Pert I or Pert II o	f item 1B.)	
100 A	TO (IF EITHER, NOTIFY MEDICAL EXAMINER)	INIURY OCCURRED 204 PLACE O	F INJURY (Home, farm, 20f. (City of	(County)	(Stere)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. Whi	eNot While fectory, s	treet, office bldg., etc.)	(222),	,,
	21. I certify that (I) (this hospital) after		ly 20, 1955, to	Aug. 6 1961 11	nat (I) (we) la
			th occured at 7.1.0.0M. From		
1	22e. SIGNATURE	·	ATTENDING MED.	STAFF .	22b. DATE SIGNI
	(A) march	en / MD	PHYS. DIRECTOR DIRECTOR DIRECTOR	PHYS. A	6, 1961
	NAME (Type) L. Paldye, M.	.D.	Salisbury,	Markland	
5-6	230. BUR.AL, CREMAT ON, 236. DATE THEREOF	, 23c. NAME OF CEMETERY OR C		ION (City, town or county)	(Stetp)
1	Burial 8/9/1961	Nopewell C	emetery Bort	Deposit,	md.
Jr.	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		AR 256. REGISTRAR'S SIGNAT	
	Galph M Red Rus	ing seen, Md	DATE AUG 9 '61	arthur S. Fran	A



W . 1		MARYLAND STATE DEPARTMENT OF HEALTH	
Pr I		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
/ FUR STATE	_	9681 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	()
HEALIH DEPT.	1.	PLACE OF DEATH	dmission)
r. Page files. Health,		* COUNTY WICO MARYLAND . STATE MARYLAND . COUNTY WICO.	
cessary or. Pagry r files.	_	b. CITY OR FOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR IOWN (If outside corporate limits, write RURAL and give neeres) town	n) —
urector.	9	WHITE HAVEN _ FRUITLAND	
Para Sara	-	d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street eddress) d. %TREET ADDRESS	SIDENCE
P P P P P P P P P P P P P P P P P P P	1	1 CLYDE RO,	NO'N
hy c fun fun faine Stath eath		NAME OF First Middle Last (4. DATE Month Day Year	
ar a p		DECEASED Mande Esham Kenney DEATH & 13 196	61
3 to	5.	5. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF B.RTH 9. AGE (In years IF UNDER YEAR IF UNDER	24 HRS.
dear and 3 may 2 wit		remare 1114ite widowed Divorced July 1413 210 yrs. Hours	M n
15. a	10a	USUAL OCCUPATION (GIVE kind of work , 10b, KIND OF BUSINESS OR INDUSTRY 11. ARTHPLACE (Stelle or loneign counity)	OUNTRY?
rurs a Le	do	HOUSE WITE OWN HOME MARYLAND U.S. 7	4.
	12	FATHER'S NAME 114. MOTHER'S MAUSEN NAME _	
T Pwg Pwg []	<u> </u>	ERNEST TSHAM BELLE TREEN	
S. Give		WAS DICEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO 17 INFORMANT . Address	A
mit. 50. ×	(Ye	15, pe, of unknown) ((I) yes give we ror detes of service) — H.D. KENNEY - SAME	
tred tem with per		18. CAUSE OF BEATH Inter only one cause police for (a) (b), and (c)	WEEN
in i		PART I, DEATH WAS CAUSED BY,	EATH
be moril		IMMEDIATE CAUSE (6)	
A Pile Paris A		Conditions, if any, which (b)	
15 to 10 to		geve rise to immediate cause	** · **
ding ding		(a), stating the underlying DUE TO	
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Wood Wood Wood Wood Wood Wood Wood Wood	5	200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. [Enter nature of pourly in Part or P	NO LI
Media Shoull al, cr	CERTIFICATION	PRIMARY 1 or CONTRIBUTING 1 Fell from Bow of Smill 15	
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writing Chief Page 3 to buri	MEDICAL	Hour a.m. P. 1. While Not While Ingress, officerbldg., alc.)	2-1
를 하는 것 하는 것 같은 기계	Z	3.30 cm. 8 /3 19 6 (let work _ at work]	
		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my or	DITHON
S S S S S S S S S S S S S S S S S S S		death resulted from. Majural causes . Accident . Suicide . Homicide . Undetermined manner .	
te the certification of the ce		ACTUAL SIGNAL ASSISTANT MEDICAL EXAMINER ASSISTA	RIED
a paragraph and a paragraph an		SIGNATURE M.D.	MED
TERUTY HICKI ass execute the certification to be forwarded should be forwarded through the transfer of the certification of the certifi		DEPUTY MEDICAL EXAMINER TO 8-14-6 NAME (Type)	. /
DEPUTY sess exec should be FUNERA its design	22	NAME (Type) Address (Street, city, town, or county) Address (Street, city, town, or county) Address (Street, city, town, or county) (Steller, CREMATION, 225, DAT/THEREOF, 220, NAME OF CEMETERY OR CREMATORY / 22d, LOCATION (City, town, or country) (Steller, CREMATION, 225, DAT/THEREOF, 220, NAME OF CEMETERY OR CREMATORY / 22d, LOCATION (City, town, or country)	ē)
		BUNDAL ISPOCION 8/16/19/1 PADENNE (EMPTER) SALISHUAL MA	
A A	23	FUNERAL DIRECTOR— ADDRESS' ADDRESS	
VS. A15ME 5M 7/59	1	LILLY JOHNSON CO. SALISBURY, Md DATE AUG 17'61 CITCHIA 8. KLAUS	
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		Junye C. Ned 2	



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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 9683 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) PLACE OF DEATH a. COUNTY p. STATE b. COUNTY MARYLAND comico unerol b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSP TAL (If not in haspital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES TO NO D DATE NAME OF Middle Year DECEASED death. (Type or print) DEATH 196 5. SEX 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely Months hours after WIDOWED R popers. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) WOUSE WIFE pup 13. FATHER'S NAME remove cort physicion IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMAN offending edse 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c). ONSET AND DEATH ā DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** á Conditions, if any, which been signed I (b) gave rise to immediate DUE TO cause (a), stating the underburiol-transit lying couse last. P PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESTROY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? has has YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while of work at wark 21 | certify that (I) (this haspital) oftended the deceased from... and that death accurred at AM, from the causes and on the date stated above sow the deceased alive on FUNERAL DIRECTOR: ATTENDING PHYS M.D. DIRECTOR PHYSIC AN'S 22d ADDRESS NAME (Type) 230 BURIAL, CREMATION, 336, DATE THEREOF REMOVAL (Specify) 8/30/1961 23c NAME OF CEMETERY OR CREMATORY 23d EOCATION (City_town or county) (Stote) page the Sta Norfolk, Virginia Ahaveth Israel 0 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. Oritan & thous **VR A15 (4)** 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely tived in by The funeral director.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	the State Board of Health prior to buriof, cremotion, or mmovol, and in any event, within 72 hours ofter death
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physic	os bee	iol-tro	lotion,
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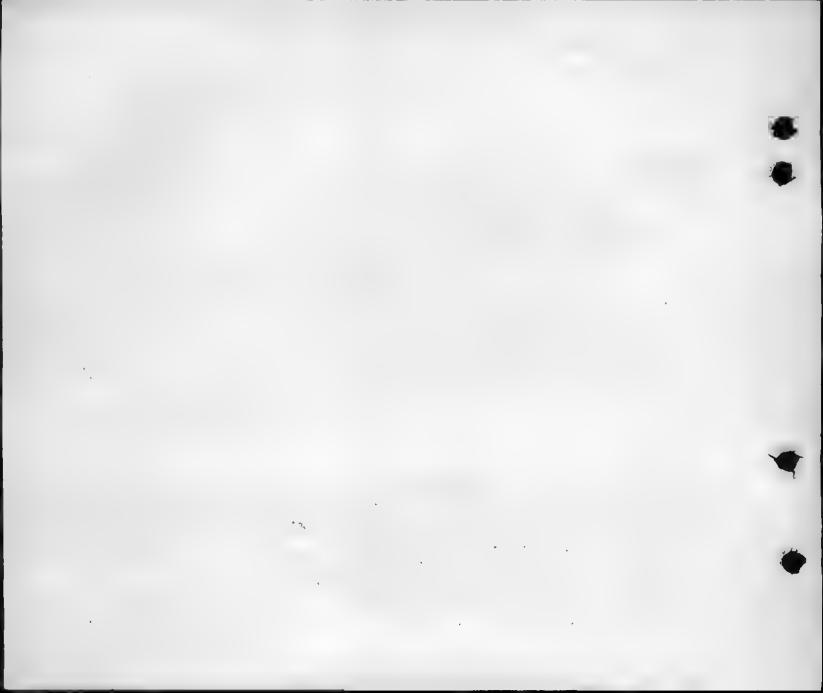
the low requires that the death certificate be executed withing 24 hours wish death. Page 4

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TO HOSPITAL

VR A15 (4) 15M 9/59

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1. PLACE OF DEATH a. COUNTY / 2	,		MARY	- 11	o. STATE 184	NCE (When	re deceased five	ed. If institution by COUNTY	n. Residence b	efare admission)	
b CITY OR TOW RURAL and giv	N (If outside corporate in agrees town)	imits, write	LENGTH OF STAY	- 11	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town					nearest town)	
d. NAME OF HO OR INSTITUTION	SPITAL (If not in hospila ON ,		ddress)		d. STREET ADDRESS					o IS RESIDEN ON A FAR YES NO	
3. NAME OF DECEASED (Type or print)	7	First	Middle	*	Last		4. DATE OF DEATH	Mont	th ,	Doy Year	
S SEX	6. COLOR OR RAC	7. MARRIE	DIVORCEI		DATE OF BIRTH	٦	7 7 9 /	GE (In years partition) yrs.	Manths Da	EAR IF UNDER 24 ys Hours A	
On USUAL OCCUP.	ATION (Give kind of wo working life; even if reli	rk done 10b. K	None	R INDUSTR	Y 11, BIRTHPLAC	CE (State o	r foreign count	γ)	12 CITIZEN	U. S.	
James :	7. Lord	,			Surah						
15. WAS DECEASED (Yes, no. oc unknown)	EVER IN U. S. ARMED F		OCIAL SECURITY NO	17 INFO		,		Addr		, ~	
PART I	DEATH [Enter only one DEATH WAS CAUSED B IMMEDIATE CAUSI DUE if ony, which) immediate	Y (0) Cu	crown	- Zeres	Alon 3c	ler.	ases			S Heave	
Couse (o), stoll lying couse In Part II.	ing the <u>under-</u> DUE	(c)	ONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO T	HETERMIN	IAL DISEASE CO	NDITION GIV	EN IN PART 1(a) 19 WAS AUTO PERFORME YES NO	
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF DEA	TH	RIBE HOW INJURY O	CCURRED ((Enter noture of i	injury in Po	ort∃ or Port 11 o	of item 18 }			
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	that (1) (this hospi					A Breeze	o, to Cui	/		that (1) (we) ate stated ab	
22a. SIGNATUR	3/ Cu	lele	wan	M.E	ATTENDING PHYS.	MED	5 s	TAFF HYS.	8/19	226. DA	
22c. PHYSICIAN NAME (Typ		Kilkım	1,		22d. ADDRESS	ha	rpt	70ı	mil		
230 BURIAL CREMA		REOF	23c NAME OF CEM	ETERY OR C	CREMATORY		TOCATION	(City, town, o	, '	(Stote)	
24 FUNERAL DIRECT	or's signature	1 Hom	ADDRESS e Sharn	to: n			BY REGISTRAR		TRAR'S SIGNA	N en	



DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pinous . PLACE OF DEATH USUAL RESIDENCE (Where deceased fixed, if institution, Residence before edmission) e. COUNTY b. COUNTY COMICO Wicomico by the and 2 death. MARYLAND b. CITY OR TOWN (il outside corporete limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) Salisbury 11h days Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Deer's Head State Hospital Route # YES NO 3. NAME OF Middle 4. DATE Month Year 72 DECEASED Matthews (Type or print) Luvenia DEATH August 61 19 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In Yours | IF UNDER I YEAR | IF JNDER 24 HRS. 5. SEX last b'rthday) Female June 12,1882 WIDOWED TY DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired? House Work None Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Joseha P. Smullen Martha A. Tarr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Heller (Daughter) 1139 Dorchester (Yes, no, or unknwn) ! (If yes give werer detes of service) baltimore 7. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Acute myocardial failure IMMEDIATE CAUSE (a) **DUE TO** Arteriosclerotic heart disease Years Conditions, if any, which [b] gave rise to immediate cause DUE TO (e), stelling the underlying Years Arteriosclerosis, general cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TO YES Drior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert f or Pert II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stete) factory, street, office bldg., etc.) Not While Hour a.m. et wark el wark p.m. 17 19 61 to August 9 19 61, that (1) (we) last 21. I certify that (i) (this hospital) attended the deceased from April. 1961 August 9 saw the deceased alive on.... 22e SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. death. Page (C) FUNERAL I director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Deer's Head Hospital; Salisbury, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or sounty) 23a. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Smullen Cemetery R.D. #Salisbury, Maryland ¤urie] 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS VR A15 (4)** DATE AUG 1 4 arthur S. Krams 15M 9/60 HOLLOWAY & COMPANY SALISBURY

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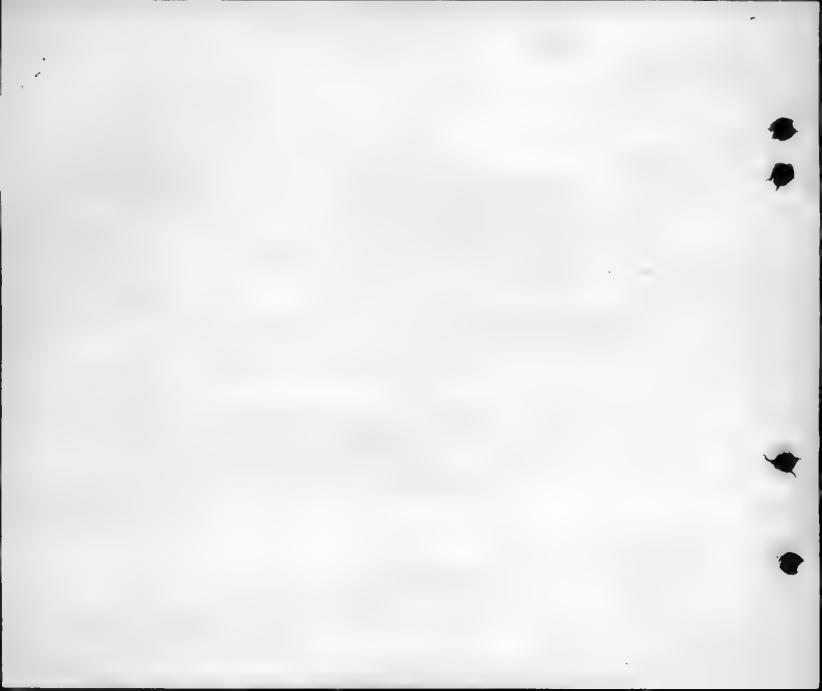
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may be retaine DIRECTOR: /

ARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18							
1 2	9685 CERTIFICATE OF DEATH Reg. Dist. No. (1)	9675						
Poge director	1 PLACE OF DEATH D. COUNTY O. COUNTY O. COUNTY O. COUNTY O. COUNTY D. COUNTY SOMERSE	imiss on)						
death.	b CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 1b RURAL and give rearest town) ALIS DURING (If outside corporate limits, write RURAL and give rearest town) ALIS DURING (If outside corporate limits, write RURAL and give rearest town)	town)						
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n and cal	WATERMAN SEAFOOD MARYLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
hicate by sysicion ove con ours off	JOHN H. MCDANIEL MARY ELIZABETH MARSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO INFORMANT Address	15						
fing ph	(Tex. no. or unknown) (If yes, give war or dates of service) 212-16-1973 MRS DOROTHY M. GIBBONS, DONER,)	E4.						
attenden plea	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (o) 17. VILL 1 - FOR CAUSE (c). 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	L BETWEEN						
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AL OF TOO PRIOR TOO PRIOR PRIO	PHYSICIAN'S H. H. Bri 2/6.							
HOSPIT TOY be r FUNERA age 3 st e registi	220 BUR AL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY 221 LOCATION (City, town, or county)	(Stote)						
Q E Q 0 # VS A15 (4)	SURING THE SIGNATURE, ADDRESS STATES FOR MOKE CITY, MD. DATE SEP 5 761 C. Than S. Khama							
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 9687

09676

	1 PLACE OF DEATH Wicomico	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico
7	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Saliabury
2	d. NAME OF HOSPITAL (If not in hospitol, give street od OR INSTITUTION Pen Gen Hosp	dress)	d. STREET ADDRESS 1519 S.Div.St Ext 1.519 S.Div.St Ext
	3. NAME OF DECEASED (Type or print) TEROME	COULTER	MILLER 4. DATE Month 6th 19 61
	5 SEX Nale 6 COLOR OR RACE Whowed Whowed		B. DATE OF BIRTH Feb. 23, 1937 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min M
-	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Service—man Sears Co. 13. FATHER'S NAME Edwin D. Miller	ND OF BUSINESS OR INDUS	ITY 11. BIRTHPLACE (Stote or foreign country) Mt Vernon New York 12 CITIZEN OF WHAT COUNTRY? U S A 14 MOTHER'S MAIDEN NAME Marie V. Coulter
	To was DECEASED EVER IN U. S. ARMED FORCES? 16 SC (Yes, no or unknown IV O	DCIAL SECURITY NO. 17, IN	FORMANY Thara L. Miller (Wife) 1519 S. Div. S. Salisbury, Maryland
H th	Conditions, if only, which gove rise to immediate cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CO.		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO NO. (Enter noture of injury in Part 1 or Part 11 of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Not while for ot work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) alory, street, office bldg, etc.) N/A
	saw the decembed alive an Samuel Constitution of the Constitution	196	eath accurred first from the causes and an the date stated above. ATTENDING X MED DIRECTOR STAFF Aug. 276 JONED 22d. ADDRESS 407 Camden Ave. Salisbury, Md.
7.3	Burial Aug. 9, 1961	23c NAME OF CEMETERY O	emorial Park Salisbury, Maryland
}	24 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY SAI	ADDRESS LISBURY, MARY	ZLAND DATUG 1 0 '61

death. Page 4

may be retained by the haspital or only ding physician.

S FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely freed in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. . The law requires that the death certificate be executed with

may be retained by the haspital or any TO FUNERAL DIRECTOR: After this certification TO HOSPITAL

VR A15 (4) 15M 9/59



4 25	A		9688 CERTIFICATE OF DEATH Reg. Dist. No.	09877
Page director illed with	M	1.	PLACE OF DEATH o. COUNTY O. STATE DEL b. COUNTY SUSSEMBLE SIDENCE (Where deceased lived. If institution: Residence before on STATE) b. COUNTY SUSSEMBLE SIDENCE (Where deceased lived. If institution: Residence before on STATE)	ore odmission)
death. funeral	(WI)	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) MILLS BORO C. LENGTH OF STAY IN 1b	arest town)
by the	('%')	1	d NAME OF HOSPITAL (If not m hospito), give street address) OR INSTITUTION d. STREET ADDRESS 4. STREET ADDRESS	e is residence on a farm? Yes \[\] No \[\]
to Yed in			(Type or print) HARRY	Year
ed with ipletely ers. Po			7/1 9. WIDOWED DIVORCED 12-24-10 lost birthdoy) Months Days	R IF UNDER 24 HRS Hours Min
and can		L	CLERK DELAWARE We have a second of the sec	SA,
icate be	(Ŧ)		Beldivin Macre Martha Konaway	1
th certifiting ph)	F	15. (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO VIV. 100, or unknown) (If yes, give wor or dates of service) 222-01-4088 Selsce Lac Marice Mills	horo F.
he deal a attend en plea			PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	TERVAL BETWEEN ISET AND DEATH
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require		_	cause (o), stating the under. DUE TO lying cause last. (c)	
physic physic has bee riol-tra	1	CATION		PERFORMED?
he but	0	AL CERTIF		
PHYSIA that or a this cer ir use of		MEDICA	20c TIME OF INJURY Month, Doy, Year Hour a.m. 19 20d. INJURY OCCURRED While Nat while of work of work of work 19 of work) (Stote
NDING te haspi R: After ached fo			21. I certify that I attended the deceased fram	
RECTOR	1		SIGNATURE THUSELLE M.D. THUSEN CENTER)	DATE SIGNE
retaine RAL DI should	. /		PHYSICIAN'S H.A. Briele Labellung MA	
may be D FUNE		1	BURIAL, CREMATION, 22b. DATE THEREOF 220-NAME OF CEMETERY OR, CREMATORY 226 LOCATION (City Town, or county) BURIAL, CREMATORY MELLOCATION (City Town, or county) MeChanics Cem. Millson	(Stote)
VS A15 (4) 15M 9/5B		23	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. Wallehore De Date 9 161 Circles S. Millehore De Date 9 161	JRE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 30TW, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY e. STATE Wicomico b. COUNTY Wicomico director, Page MARYLAND b. CITY OR TOWN (if outside corporete limits, & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Salisbury for your Board of Salishurv d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give siree) address) d. STREET ADDRESS a. IS RESIDENCE ON A FARMZ Pen Gen Hospital e retained the State B Lehigh YES NO TA death. 3. NAME OF Middle DECEASED CARDIA TZETTA (Typa or priot) OT.TPHANT AUGUST DEATH tho 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED TI NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS age 5 may 1 and 2 with 72 hours Jast birthday) Months Deys Female WIDOWED [DIVORCED 10a. USUAL OCCUPATION (G va k nd of work 106. KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland House Work at Home Nanticoke. None PM3. Pa pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alphious permit, File p Rencher Anna S. Robertson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. U. INFORMANT (Yas, no. or unknown) (Hyesgivawarordetesofservice) 108 e along with ll-transit permit No Salisbury Maryland 18. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c),] CHISET AND PLATH PART I, DEATH WAS CAUSED BY: " in pencil i IMMEDIATE CAUSE (e) burial DUE TO removal, Conditions, if env. which (b) geve rise to immediate cause 40 DUE TO vord 'penamical Examiner's (e), stetting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY the word "

Medical Ex

should be used it is the control of the co PERFORMED? CERTIFICA 208 EXTERMAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.6 PRIMARY OF CONTRIBUTING CAUSE OF DEATH. hief h 20d. INJUR OCCURRED POS. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) Not While Salisbury Wicomico et work of work 14 19 67 OR: 21. I certify that I took charge of the remains described above, held an Autepsy Inspection X. Inquiry and in my opinion DICAT. be forwarded to certifi designated agent, death resulted from: // Natural causes Accident Suicide 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY MEDICAL EXAMINER DEPUT should b Ave Balisbury, Md NAME (Type) Address (Streat, city, Iown, or county) 226, BURIAL, CREMATION, 226. DATE THEREOF <u>:</u> 72c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stote) REMOVAL (Specify) ᡖ 40 .1961 Parsons Cemetery Salisbury, Maryland 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE arthur I. Krawa DATALIG 1 7 '61

SALISBURY MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

VS. ATSME 5M 9/60

HOILOWAY & COMPANY



Division of STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND SAGO MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed lived, if institution, Residence before admission) director. P. vour files. e. COUNTY a. STATE b. COUNTY M b. CITY OR TOWN (if oulside corporele limits, MARYLAND Wicomico Maryland CITY OR TOWN (if outs de corporeta limits, write RURAL and a ve nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Parsonsburg Parsonsburg
d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give stream eddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? retained to State B YES TO NO V 3. NAME OF Middle 4. DATE Month DECEASED Phe (Type or print) DEATH 8-8-61 Fradarick Isaac Parsons 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH IF UNDER 24 HRS. AGE (n years IF UNDER 1 YEAR I last birthday) ours Months | Days WIDOWED [DIVORCED 10s. USOAL OCCUPATION (Give kind of work IDS. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Mechanic-retired Automobile 14. MOTHER'S MAIDEN NAME 15. WAS DECLASED EVER IN U.S. ARMED TORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mary: Catherine Parsons (Yes, no, or unkown) (if yes give wer or detes of service) O 166-16-151.7 Mrs. Frederick Parsons, Parsonsburg, Md.
CAUSE OF DEATH [Enter only one dute par line for (a), (b), and (c).] I. DEATH WAS CAUSED BY: Months IMMEDIATE CAUSE (0) Carcinoma of right lung. Office DUE TO burial (b) geve rise to immediate cause DUE TO (a), stating the underlying cause lest. Medical Examination of the second sec PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury in Part I or Part II of Irem 18.) PRIMARY TO or CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. F. P. at work at work prior sase execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and in my opinion death resulted from: Natural causes 🟋 , Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 8-19-61 Royer, DEPUTY MEDICAL EXAMINER X DEPUTY NAME (Typa) Ave Salisbury Adding Street, city, town, or county) 1107 Camden 8888 22a, BURIAL, CREMATION, 22d, LOCATION (City, lown, or country) (State) REMOVAL (Specify) 40 9 Parsonsburg Cemetery | Personsburg Wicomico Md. V5. A15ME arthur S. Krank Hill and Johnson Funeral Home, Salisburg, Md. MG 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



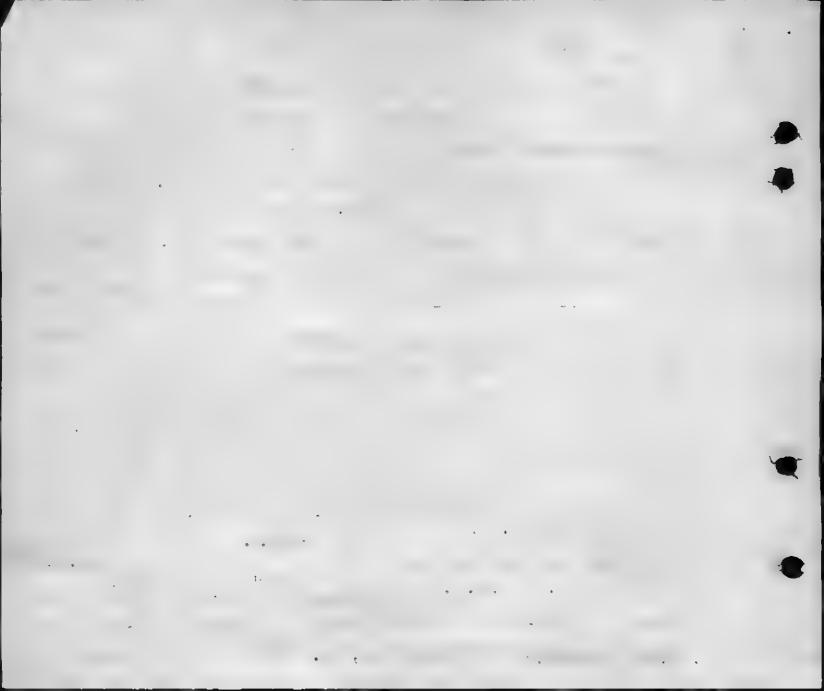
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND Worcester b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearast town LENGTH OF STAY IN 16 write RURAL and give nearest town) 2533 days Pocomoke Salisbury a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES X NO Deer's Head State Hospital 4. DATE Month Middle DECEASED OF DEATH (Type or print) 19 Pickhardt Franklin Aug 17 IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months DIVORCED [Male WIDOWED [10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) United States (Conn.) Farming IISA Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Louisa Schneider Gustavus William Pickhardt 15. WAS DECEASED EVER IN L.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address Pocomoke City. (Yes, no, or unkown) (Ifyesgivewarordatesofservice) Mrs Cora M. Pickhardt, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1 month Chronic myocardial failure IMMEDIATE CAUSE (a) **DUE TO** Familial muscular dystrophy 26 years Conditions, if any, gave rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES IN NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not While Hour a.m. at work [21. I certify that [] (this hospital) attended the deceased from Sept. Ilie, 1954 to Aug. 21, ..., 1961, that (I) (we) last 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. TO FUNERAL I director, page 3 be filed with the 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hospital Lee L. Lawry. 23c. NAME OF CEMETERY OF COMME 23d. LOCATION (City, lown or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify) Presbyterian Pocomoke City, Maryland 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE City, Md. DATE AUG 25'61 VR A15 (4) Pocomoke arthur & Kraya 15M 9/60

physician

RYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if institution Residence before admission) director. Page or your files. and of Health, a. COUNTY e. STATE 5. COUNTY Wicomica MARYLAND Florida b. CITY OR TOWN (if outs de corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN () outside corporete | mits, write RURAL end give nearest town) write RURAL and give nearest lown! Clewiston Salisbury

NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) for Boar d STREET ADDRESS e. IS RESIDENCE ON A FARM? retained in State B YES NO Peninsula General Hospital Last 4. DATE Month DECEASED OF the (Typa or print) DEATH Ranson deat? with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE In yours | IF UNDER I YEAR . F UNDER 24 HRS. THBY 2 with age 5 may 1 and 2 wit last biithday) Months! Days Hours WIDOWED 17 DIVORCED 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BINTHPLACE (State or fore gin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working I to, even if retired) Laborer pages PM3. 13. FATHER S NAME 14. MOJHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAD SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) (If yes I wawar or detaso [service] 18. CAUSE OF DEATH [Enter on y one cause per line for (a), (b), and (c), INTERVAL BETWEE along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 58 min. Gunshot wound of the brain IMMEDIATE CAUSE (a) burial-t Office DUE TO Conditions, if eny, which gave rise to immadiata cause 63 DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 YES X NO plno4s 20a. EXTERNAL CAUSE WAS PRIMARY A or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Port I or Port II of Itam 18.) CAUSE OF DEATH. hot in head during quarrel at V.V. Hughes Labor Camp. Shot Chief to the Chie 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) Not While 0 While at work 8-29-61 work Labor Camp Hebron Wicomico shaze execute the certificate, should be forwarded to the PUNERAL DIRECTOR. P prior the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection K. Inquiry and in my opinion Homicide X death resulted from. Matural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER TY 9-1-61 Earl Royer, DEPUTY EXAMINER'S NAME (Type) Salisbury Add Adders (Street, c'ty, town, or county) Camden DATE THEREOF 22a, BURIAL, CREMATION, 22d. LOCATION (City, lown, or country) (State) PEMOVAL (Specify) 0 40 9 REC'D BY REG STRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME \ 5M 7/59 Clarking 8- House

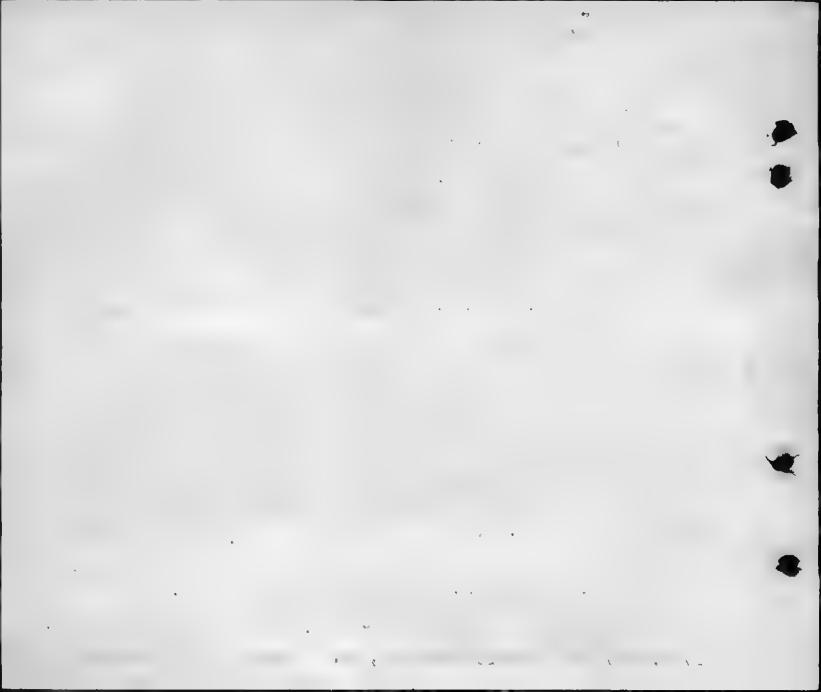
RYLAND STATE DEPARTMENT OF HEALTH



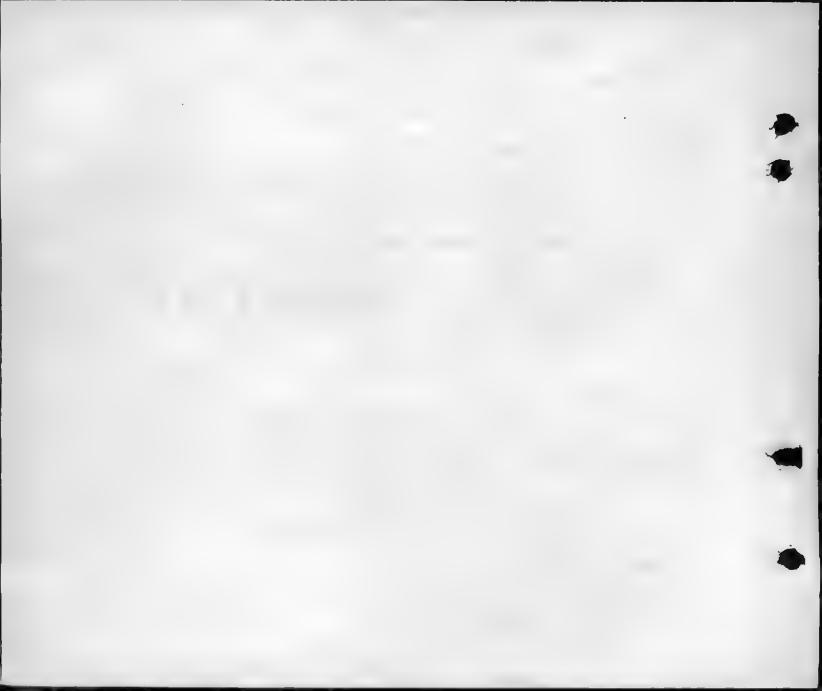
PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Jupp 1 gets MARYLAND c. CITY OR TOWN (if outside corporeta limits, write RURAL and give necrast town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Salis ury, "aryland Clester, Jaryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give siree address) a. IS RESIDENCE ON A FARM? Wend Stale Hoseital YES NO 3. NAME OF 4. DATE DECEASED OF DEATH (Type or print) Joseph heatlev AGE (In years IF UNDER 1 YEAR) 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 18 IF JNDER 24 HRS. DATE OF BIRTH test birthdey) | Months | Days Hours DIVORCED ı ale 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (G va kind of work 106, KIND OF BUSINESS OR NOUSTRY 13. FATHER'S NAME attending | ple ASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO.1 (Yes, no, or unkown) ((If yes give we condetes of service) 18. CAUSE OF DEATH [Enter only one cer INTERVAL BETWEEN ONSELAND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause **DUE TO** (e), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? NO To 20a, ACCIDENT WAS UNDERLYING UN CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF THE CO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20d. NJJRY OCCURRED , 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. ef work el work 12 19 61, that (I) (we) last 21 I certify that (I) (this hospital) attended the deceased from OV. , and that death occured af ADM from the causes and on the date stated above. saw the deceased 22b. DATE ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 22d. ADDRESS NAME (Type) Sali Baryland . 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, MOVAL (Specify) 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUNERAL DIRECTOR'S VR A15 (4) DATE AUG 2 4 '61 15M 9/60

physician





]	y.	MAKILAND STATE DEPARTMENT OF REALTH—BALTIMORE, 18
4 5m	Pa.	9698 CERTIFICATE OF DEATH Reg. Dist. No. 9685
Page directo	M	1 PLACE OF DEATH o. COUNTY o. STATE O. STAT
death.		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) SALISBURY C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) POCOMOKE C.T. C. T. C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
by whe f	Mi de	d NAME OF HOSPITAL (If not in hospital, give street oddress) ON ASTREET ADDRESS ON A FARM? YES NO PARTITUTION ON A FARM? YES NO PARTITUTION
illed in		3 NAME OF DECEASED [Type or print] LOUIS ROTH OF DEATH AUGUST 23 1961
pletely f		S SEX 16 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED - 1880 9. AGE (in years IF UNDER 14 ARS IF UNDER 24 HRS Institution Institutio
execute ind com on pape death.		100 LIGHAL OF CUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Grung myst of working life, every retired) KETIREO Torman CIGAR MF6. HUNGARY 12.CIT ZEN OF WHAT COUNTRY?
cate be sicion a ve carb	(I)	13. FATHER'S NAME SAMVEL ROTH SEREL (UNK.)
h certifi ing phy se remo		15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO JINFORMANT Address Flagura 16 year, gives wor or dates of services 18 year, gives year,
the attend Then plear		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO INTERVAL BETWEEN ONSET AND DEATH VALUE OF DEATH ONSET AND DEATH
equires the		Conditions, if ony, which gave rise to immediate couse (a), staling the under- lying cause last. (b) Fri Conditions Accurate Acc
physicial as been ial-transi		PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMENCE.
fic. 1	C	YES NO LE 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
PHYSIC al ar ath this certi r use as emotion		20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of wark 19
NDING a haspite : After t ched for		21. I certify that I attended the deceased from 8-23, 1961, to 8-23 1964 that I last saw the deceased alive an 8-3, 1964, and that death accurred at 8-8, from the causes and on the date stated above.
RECTOR be delo		ACTUAL SIGNATURE 12) CULLU 3 CON M.D SOCION LILLO MO 6-33-0
retaine RAL DIR shauld		PHYSICIAN'S WILDUR R. ELLIS, JR SALISBYRY, MD.
D HOSP may be FUNEI poge 3		220 BOSIAL, CREMATION, 22h DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Jown or county) Personal Specific Works to . Personal
VS A1S (4) 15M 9/SB		23 FUNERAL DIRECTOR'S SIGNATURE 14/LL & JOHNSON SALISBURY, MD. DATE BUG 2= 161
		M. I. W. C. TIN A



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9697 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Maryland 70 CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) P AlISBUK Monkton d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS NOITUTITION PONIA Monkton, Maryland NAME OF 4. DATE Middle DECEASED (Type or print) 20 Rc -9. AGE (In years 6. COLOR OR RACE 7 MARRIED M NEVER MARRIED 8. DATE OF BIRTH last birthday) ā WIDOWED [DIVORCED [11-18-1888 YES cample paper 10a USUAL OCCUPAT ON (Give kind of wark dane during mast of warking life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) death Farmer Farm pup Omaha Nebraska carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pllysicion Sattler Herman Louise Johnson - MOLE WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Address thending Alice MONKTON No please 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which signed gave rise to immediate DUE TO couse (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY purial 200. ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) 20d, INJURY OCCURRED Day, Year foctory, street, office bldg., etc.) Hour o. m. While Not while at work of work n. m 21. I certify that I attended the deceased fram. 19/2/, that I last saw the deceased detoched burial and that death accurred at \$240 P_M, from the-causes and an the date stated above. ADDRESS (Street 2 ACTUAL e prior SIGNATURE should PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

ADD RESS

22b. DATE THEREOF

Brooks Funeral Service Towson Md.

220 BURIAL, CREMATION

REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

Reg. Dist. No. 1268f

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(Stote)

(County)

22d LOCATION (City, town, or county)

246 RECID BY REGISTRAR

DATE

24b. REGISTRAR'S SIGNATURE

Withun I thouse

Months

IS RESIDENCE ON A FARM?

YEST NO

Year

1961

may be retained by the DERECTOR: page 0 VIII A15 (4) 15M 9/58



		9698		CERTIF	ICAT	E OF DE	ATH			()	368	7
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	RURAL and give n	If outside corporate lime earest fown? Alisbury	ts, write	c. LENGTH OF STAY	IN 1b	_		shury	ote limits, write R	URAL and give	nearest to	wn)
	d. NAME OF HOSPI OR INSTITUTION	rat (If not in haspital, g			0	, d. STREET AD		Sylvi	a St		ON	RESIDENCE A FARM?
Ī	3 NAME OF	Fic		Middle		Last		4. DATE	Man	th	Day	Year
	(Type or print)	ALBE	RT	RICHA	RD	SHOCKI	EY	OF DEATH	AUGUS	उम २	9th	19 67
r	5 SEX	6 COLOR OR RACE	7. MARRIE			DATE OF BIRTH			9. AGE (In years	IF UNDER 1 Y	7	- 10-
	Male	White	WIDOWED			May 14.	10	27	last birthdoy) United yes	Months Do	ys Hour	rs Min.
ŀ	10a USJAL OCCUPATIO	ON (Give kind of work	done 10b. K	IND OF BUSINESS C	OR INDUST		CE (Stote o	or foreign co	untry)	12. CITIZEI	N OF WHA	T COUNTRY?
	I aborer (E	king life, even if refired imployee)		Paintin	cr	Sa71s	ימנותי	v Men	vland	11	SA	
	13. FATHER'S NAME	mproj soj		Z C THOIM		14. MOTHER'S M			y Ar IIG	1 0	D F1	
	Preston	E.Shockl	ev			Mary	C.Pe	ollia	rd			
	15. WAS DECEASED EVE		CES? 16. SC	OCIAL SECURITY NO	Mrs	ORMANT Elizab	eth		kley(Ni	(je)10	2 Sy	lvia
F	IB. CAUSE OF DE	ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	(,	fgr (a), (b), and (c).	1	Occh	سم		**************************************		INTERVAL ONSET AL	BETWEEN ND DEATH
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	gave rise to i	gave rise to immediate cause (o), stoting the under-										
,	PART B, OT	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DE	ATH BUT N	OT RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART 1	PER	S AUTOPSY FORMED?
	(IF EITHER, NOTIFY	AS UNDERLYING AS CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DESCE N	RIBE HOW INJURY O	CCURRED	(Enter noture of	injury in P	ort I or Port	II of item 18)			
	20c TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye N/A 19	While ut work	URY OCCURRED Not while of work		CE OF INJURY (He ory, street, office by A			or town) N/A	(Cou	inty)	(Stote)
	21 I certify the	at (I) (this hospita	altende	A		S-24 eath accurred	41.1	4 to	ي کے کے ج the causes an) (we) last
	22a SIGNATURE	al L	R	~/			52" ME	D. RECTOR [STAFF A	ug. 3		1961
	22c PHYSICIAN'S NAME (Type)	r.Earl L.	Roye:	r 0		22d. ADDRES		n Av	e. Sali	sbury	Nar	yland
	230 BUR AL, CREMATIC REMOVAL (Specify			23c NAME OF CEM			ord		Salisbu			nd
	24 FUNERAL DIRECTOR		,	ADDRESS			250. REC'1	BY REGIST		STRAR'S SIGN		
	HOLIC VAY	& COMPANY	SAT	TERRET	MARY	T.AND	DATE	5 '6'	Carl	hun I to	0.000	

death. Poge

my be retained. The hospital or after any physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physicion and completely fitzed in by the tuneral director, page 3 shauld be detacted of or use as the burial-transit permit. Then please remove corpor popes is hard and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hayrs after death The law requires that the death certificate be executed within TENDING PHYSICA

TO HOSPITAL OF VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND SEGOMEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATI 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before ediffission) **E. COUNTY** our files. director, Page a. STATE b. COUNTY Wicomico Wicomico MARYLAND b. CITY OR TOWN (if outside corporate lim ts, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) For your Board of write RURAL and give negrest town) Pittsville Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS o. IS RES.DENCE ON A FARM? (On Farm) Field YES NO X State 3. NAME OF Midda 4. DATE DECEASED the THOMAS (Type or print) VIGTOR SMATTWOOD DEATH ATIGUST 2th19 67 after hould be executed within 24 hours after death in pencil in Item 18. Give Pages 1, 2, and 3 to soffice along with form PM3. Page 5 may be a burial-transit general. File gages 1 and 2 with a burial-transit general within 72 hours after with 5. SEX 6. COLOR OR RACE 7. MARRIED TX NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (G'va kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Worcester Co.Md. Employee-Nursery Nurservman 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Smallwood Addie Kellv Office along with form burial-transit mermit, File WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT E. Smallwood (Wife) R.D.# (Yes, no, or unknown) ! [[[ves@ivawarordetesofservice] Lucy This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause payline for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal, DUE TO Conditions, if any, which (6) writing the word "pending" or Chief Medical Examiner's Cage 3 should be used as a beta to burial, cremation, or rem "pending" gave risa to immediate causa DUE TO (a), stating the underlying causa last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert | or Pert || of jiem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chief of PUNERAL DIRECTOR: Page 3 s 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (Cily or town) (County) (Stata) factory, street, office bldg., atc.) 0 While Not While Wicomico Md. prior et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry [X] and in my opinion Matural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TY DEPUTY Salisbury, Md Address (Street, c'ty, town, or county) 226. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d, LOCATION (City, town, or country) (Stele) REMOVAL (Specify) Q40 9 Wicomico Memorial Park Salisbury Maryland H 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME HOILOWAY & COMPANY DATESUG 1 0 '61 5M 9/60 SALISBURY MARYLAND Christing S. France



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 上海 I director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived. If institution. Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN If putside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corganate limits, write pe RURAL and are empest lawn). d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION! ON A FARM? YES NO NAME OF Middle DATE Year DECEASED OF DEATH ofter deoth (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last-bigHiday) Months Hours DIVORCED WIDOWED [CO YES popers. OCCUPATION (Give kind of work done 10b. 12 CITIZEN OF WHAT COUNTRY? KIND OF BUSINESS OR INDUSTRY RTHPLACE (State or foreign country) during most of warking life, execut retired) SEWIF rbon 72 h 13. FATHER'S NAME 14 MOTHER'S MANDEN NAMI g physicion or remove corb within 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address eose INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per, time for (a), (b), and (c), ONSET AND DEATH <u>a</u> PART I, DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (c) W-CA DUE TO ardio Vascular permit. Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremotion, PERFORMED? YES NO 1 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 00 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED (Slote) (County) use factory, street, affice bldg., etc.) Hour o. m. While Not while at work of work p m may 10 124.6 19.61, that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased fram_ 1961, and that death accurred at Mirrom the cautes and an the date stated above. saw the deceased alive an o FUNERAL DIRECTOR: page 3 should be detect 22a SIGNATURE 22b DATE SIGNED ATTENDING PHYS MED DIRECTOR Baord of M.D. 22d, ADDRESS 22c PHYSICIAN NAME (Type) page 3 sh the State DATE THEREO 230 EDRIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (Stote) 24 FUNERAL DIRECTOR'S SIGNATURE 25b, REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH

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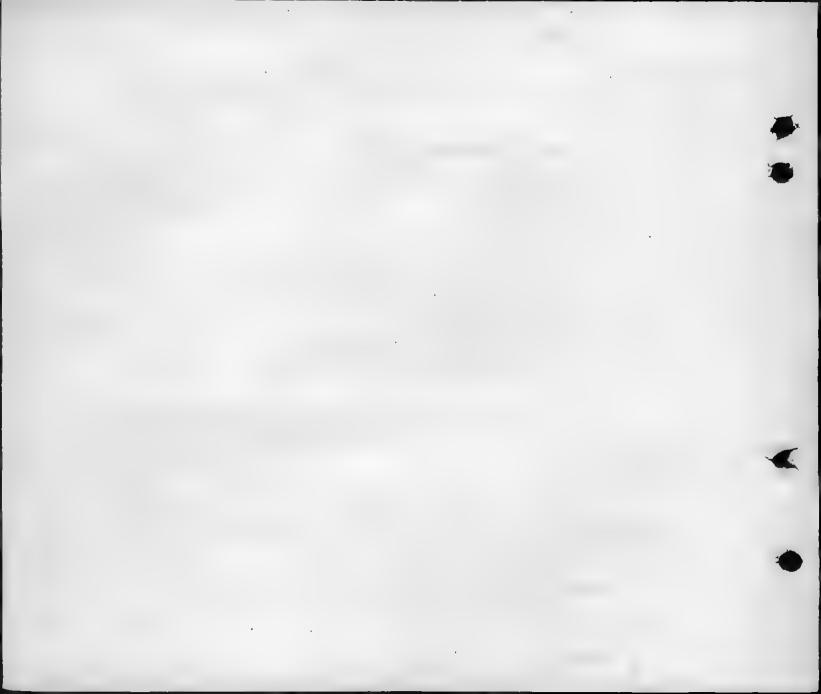
VR A15 (4) 15M 9/59

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that the death certificate

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY-MARYLAND icomic, 0 b. CITY OR TOWN (If autside corporate limits write OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give pearest town) Alisbu d. NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION YES NO PNINSE OPNERA NAME OF Middle 4. DATE Manth DECEASED Amelia. DEATH (Type or print) 19 IF UNDER TYEAR IF UNDER 24 HRS S. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days DIVORCED [WIDOWED yrs. 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) horse-wiF and 13. FATHER'S NAME pilysician Car поле ARMED FORCES? 16 SOCIAL SECURITY NO INFORMAN Guillio No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c)] DEATH WAS CAUSED BY yeurs IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY PERFORMED? YES | NO [200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d, INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at wark at wark 21. I certify that I attended the deceased from Auscust 1997_that I last saw the deceased and that death accurred at & SU P. M. from the causes and an the date stated above alive and the HUMBRAL MIRICTOR: ACTUAL SIGNATURE shauld PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/SB



VIII A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

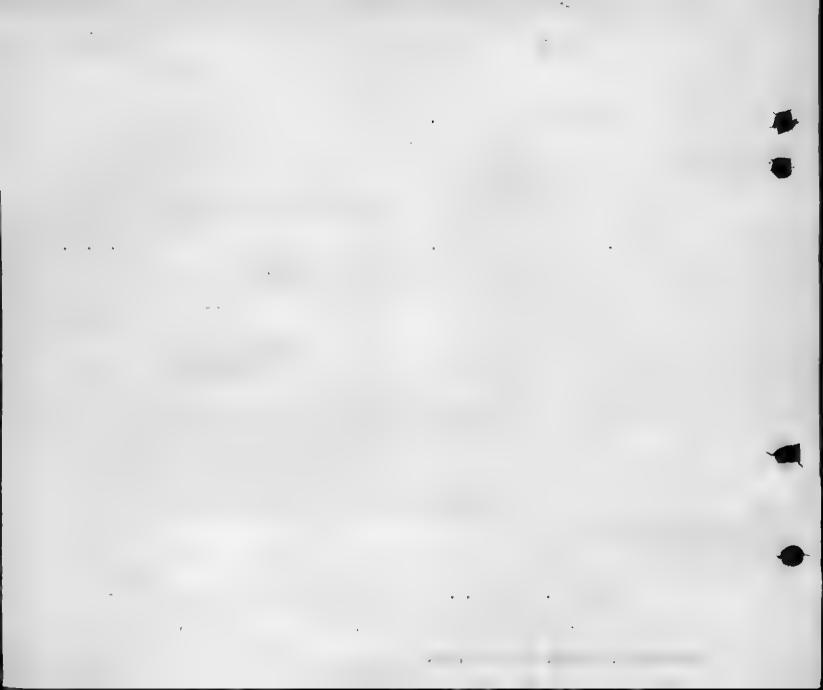
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9702

CERTIFICATE OF DEATH

(1969)

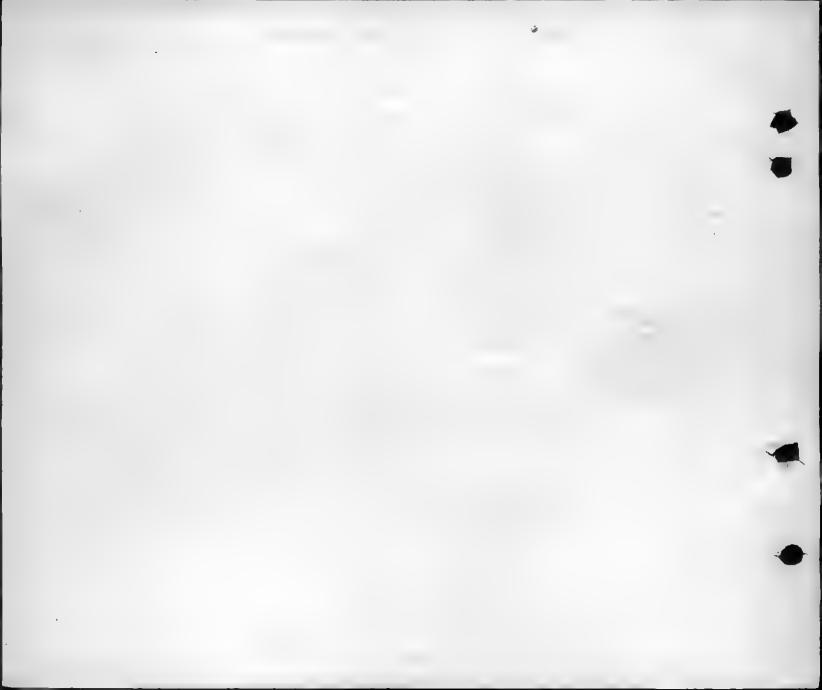
1. PLACE OF DEATH a. COUNTY	2. USORL RESIDENCE (Where deceased lived, if institution: Residence before admission)
***	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland Wicomico c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
write RURAL and give nearest town)	c. CITS ON TOWN (II outside corporate Hmits, write KORAL and give hearest lown)
Salisbury Likos 20Days	Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	ON A FARM?
Deer's Head State Hospital	Route #1 Union Road YES NO 1
3. NAME OF First Middle DECEASED	Lasi 4 DATE Month Day Yaar
(Typa or print) Saunders	Taylor DEATH August 10 19 67
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
V 5	lest birthday) Months Days Hours Min.
Male Negro WIDOWED X DIVORCED	Nevember 12, 1882 78 75 75
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or toreign country) 12. CITIZEN OF WHAT COUNTRY?
Unk. Unk.	Wicomico U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
West Taylor	Meneritta Price
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yas, no, or unkown) (Ifyesgivawarordalasofservice)	NFORMANT Address
No.	Hospital Records Salisbury, Maryland
18. CAUSE OF DEATH (Enter only one cause per ina for (a), 4b), and (c),7	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
· IMMEDIATE CAUSE (a)	1/20m ores 6 mm
DUE TO G	1 1-1
Conditions, fany, which ? (b) Select also	I Uslisin Oches min 10 cm
geva risa lo immediala ceuse	To go colored to the total
(a), stating the undarlying DUE TO	
causa last. (c)	
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PART I. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO M
200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING [] CAUSE OF DEATH	1-
	▼ • •
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.A. Hour a.m. Not While facts at work at work	CE QF (NJURY (Home, farm, 20f. (City or town) (County) (State) pry, street, office bldg., atc.)
Hour a.m. While Not While laction	att snoot anna makt and
7	3/23/61 8/10/61
0/2 2/2	3/23/61 , 19 , to 8/10/61 , 19 , that (I) (we) last
saw the deceased alive on	death occured at. \(\Omega \cdot \text{.PM} \), from the causes and on the date stated above.
22a. SIGNATURE	7.55 22b. DATE
Les of driving make	ATTENDING MENT STAFF SIGNED PHYS. C DIRECTOR PHYS.
22c PHYSICIAN S	22d. ADDRESS
NAME (Type)	D 1 11 1 21 1 11 1 2 1 3 1 1 3 1 1
Lee L. Lawry, M.D.	Dear's Head State Hospital Salisbury
23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, fown or county) (Stata)
Burial 8/15/1961 Mt Calvary Com	n. Fruitland, Må
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
T	DATE AUG 17'61 Criling & Kenne
Thernten B elley, Salisbury, Md.	DATE AUG 1 101 Crithur & Kraus



7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	9703 CERTIFICATE OF DEATH Reg. D	118692 list. No.
erol director be filed with	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Reside a STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and	ester
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Pages I and	lost birthday) Months	Day Yeor 196/ R 1 YEAR IF UNDER 24 HRS Days Haurs Min
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ing physician te remave car i 72 hours aft	15 WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address, 1/2s. no., or unknown lift yes, give wor or dates of service) 16. SOCIAL SECURITY NO. VICTOR Thomas: 3/8 Sknt S	t. Poconika n
the attendi	18 CAUSE OF DEATH [Enter anly one couse per line for (o), (b), and (c).] PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Premountary - 72 with 186	INTERVAL BETWEEN
an. signed by sit permit. nd in any	Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) Alcond Coan fuer- (b) Premadurity unknown.	LNZ 32 mm
ng physici te has beer burial-tran remaval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18)	RT 1(o) 19, WAS AUTOPSY PERFORMED? YES NO
his certifications as the	20o ACCIDENT WAS UNDERLYTING 20b. DESCRISE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) 20c TIME OF INJURY Manth, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY (Home, 20f (City or town) 20c TIME	(County) (State)
RECTOR: After the be detached far ion to burial, and	olive on 8/15/61 , 19 , and that death occurred at La La La M, from the couses and on the ADDRESS (Street, city or town, state)	ast sow the deceosed ne dote stoted obove.
be retained of the INERAL DIRECTOR e 3 shauld be detarengistrar prior to by	PHYSICIAN'S NAME (Type)	
To Fundament	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d/LOCATION (City, toyin, or county removal 1Specify) 8-17-6/ Johnson Neck Com. Tocomoke C. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS DATE AUG 2 1 '61 Outling 15	HY Md.
S A1S (4) 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Edgar le Marton: New Chusth, Cu. DATE 408 21 61 arthur	* Kene



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	9704 CERTIFICATE OF DEATH Reg. Dist. No. 3	693
oe filed wit	1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare	tor
by the runs of the should be t	OR INSTITUTION	IS RESIDENCE ON A FARM? YES NO X
Poges 1 an		Year 196/ F UNDER 24 HRS Hours Min.
and cample arban papers frer death.	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	VHAT COUNTRY?
Jing physicia sse remave a n 72 haurs a	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes. 100, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Lictor Thomas 318 Short St. Too	comske 1
requires that the attention is a partial to a second and in any event with	18. CAUSE OF DEATH [Enter only one cause per the far (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under- lying cause lost. (c) Cause Jore on a function to the cause (o), stating the under- lying cause lost.	VAL BETWEEN FAND DEATH
the control of the co	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO
e haspital ar c t: After this cer oched far use a urial, crematio	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work 21. I certify that I attended the deceased fram 4/5/6/, 19, ta 8/16/1., 19, that I last saw a alive an 8/16/6/, 19, and that death accurred at 5	
AL DIRECTOR hauld be deto	ACTUAL SIGNATURE POLICE COLCE M.D. TUDDE HILL MADE TO SHARE TO SHA	DATE SIGNED
TO FUNERA Poge 3 sh The registr	NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF PREMOVAL (Spedfy) 221 NAME OF CEMETERY OR CREMATORY PREMOVAL (Spedfy) 222 NAME OF CEMETERY OR CREMATORY PREMOVAL (Spedfy) 224 TOCATION (City, Idwn, pr county) 225 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE EAUGH Whaton - New Chevely, VC - DATEAUG 2 1 161 Author & Thomas	(State) Md.
SM 9/S8	182334XVC	



and

physician

attending

FUNERAL DIRECTOR:

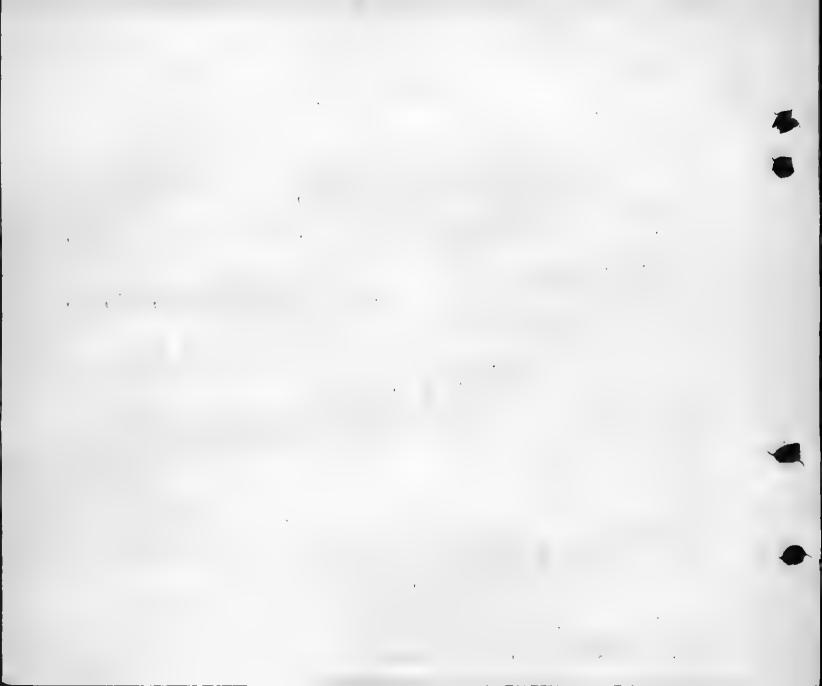
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VS A15 (4)

15M 9/58

remove

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



STATE TO DEPUTY INCIDICAL EXAMINE. This certificate should be executed within 24 hours after death. The funeral director, please execute the certificate, writing its word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to 1.15 funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit perm.). File pages Tang 2 with the State Board of Pagifft, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 95 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

ł	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution, Ras	idence before edmission)				
۱	Wicomico Maryland	o. STATE Maryland b. COUNTY Wice	omico				
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give nearast town)				
J	(Rural) Salisbury	X Salisbury (Rural)					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass)	d STREET ADDRESS	ON A FARMS				
1	R.D.# 1 (Shad Point)	/ R.D.# 1 (Shad Point)	YES NO				
ſ	3. NAME OF Frst Middle DECEASED	Lasi 4. DATE Month OF	Dey Yeer				
١		1 10 7 CT TO 2 T	19th 19 61				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	Male White WIDOWED DIVORCED Jan, 27, 1950 17 yrs. Months Days Hours Min.						
	10a. USJAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRI dona during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CIT ZE	N OF WHAT COUNTRY?				
]	School boy None	Selisbury, Maryland U:	S A				
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Robert Fulton Townsend (Deceased)	Louise Disharoon					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyas give war or detas of pervice)	NFORMANT CS. Louise D. Townsend (Mother))RD#1				
1		nad Point - Salishury Maryla	and				
1	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet wound	of heart	Sudden -				
- [9/9,) DUE TO		10 000000				
- 1							
	Conditions, il any, which (b)						
	gave rise to immediate cause						
	gave rise to immediate cause (a), stating the undarlying DUE TO cause last. (c)						
	gave rise to immediate cause (a), stating the underlying cause last. (c)	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,	e) 19. WAS AUTOPSY PERFORMED?				
	gave rise to immediate cause (a), stating the underlying cause last. (c)						
	gave rise to immediate cause (a), stating the underlying cause last. (c)	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, inter neture of injury in Part I or Part II of New 18.)	PERFORMED?				
	gave rise to immediate cause (a), stelling the underlying causa lest. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20s. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Reating hashes	inter neture of injury in Part t or Part II of item 18.]	YES NO N				
	gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY OF O' CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLA	with gun and gun went off. CE OF NURR Home, farm, 201. [City or town] [County over street office hole.	YES NO (S'olo)				
	gave rise to immediate cause (a), stating the underlying causa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 120d, INJURY OCCURRED 20e, PLA 20c. TIME OF INJURY Month, Day, Year 120d, INJURY OCCURRED 20e, PLA	inter neture of injury in Part t or Part II of item 18.]	YES NO (S'olo)				
	gave rise to immediate cause (a), steling the underlying causa lest. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY IX or CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a, PLA Hour e.m., BATO 67 While Not While	with gun and gun went off. CE OF NUURIHOM. farm, 201. [City or town] [County ory. street, office b dg., atc.] R.D.#Salisbury(YES NO (S'olo)				
	gave rise to immediate cause (a), steling the underlying causa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20e. EXTERNAL CAUSE WAS PRIMARY DE OF CANTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e, PLA Hour e.m. 8/19 1601 et work at work at work	with gun and gun went off CE OF NJURT Home, farm, 201. [City or town] [Country Tarm R.D.#Salisbury() Id an Autopsy Inspection Inquiry I	YES NO MICO.) Md.				
	gave rise to immediate cause (a), steling the underlying causa lest. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 200. PLA While Not While At work 1 1 21. I certify that I took charge of the remains described above, he	with gun and gun went off. CE OF NURR Home, farm, 201. [City or town] [Country, street, office b dg., atc.] R.D.#Salisbury(I arm I arm R.D.#Salisbury(I arm I	YES NO MICO.) Md.				
	gave rise to immediate cause (a), stating the underlying causa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY IN OR CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 201. I Certify that I took charge of the remains described above, he death resulted from: Natural causes Accident X. Suicident SIGNATURE	with gun and gun went off. CE OF NURR (Home, farm, 201. (City or town) (Country) Farm Id an Autopsy Inspection Inquiry Inquiry Indetermined manner	YES NO MICO.) Md.				
	gave rise to immediate cause (a), stating the underlying causa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY IS OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (E Beating bushes 20d. PLA Hour em. Hour em. 8/19 161 work at work 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident X. Suicident SIGNATURE Dr. Earl L. Royer PARMINED IS TO DEATH BUT NO Accident X. Suicident SIGNATURE PARMINED IS TO DEATH BUT NO Accident X. Suicident SIGNATURE PARMINED IS TO DEATH BUT NO ACCIDENT SIGNATURE PARMINED IS TO DEATH SUT NO ACCIDENT SIGNATURE PARMINED SIGNATURE PARMI	with gun and gun went off. CE OF NJURT (Home, farm, 201. (City or fown) (Country, street, office bdg., atc.) R. D. #Salisbury() Id an Autopsy Inspection Inquiry ide Homic.de Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	YES NO MICO.) Md. and in my opinion DATE SIGNED				
	gave rise to immediate cause (a), stating the underlying causa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY IS OF CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (E Beating bushes 20d. PLA Hour em. Hour em. 8/19 161 work at work 21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident X. Suicident SIGNATURE Dr. Earl L. Royer PARMINED IS TO DEATH BUT NO Accident X. Suicident SIGNATURE PARMINED IS TO DEATH BUT NO Accident X. Suicident SIGNATURE PARMINED IS TO DEATH BUT NO ACCIDENT SIGNATURE PARMINED IS TO DEATH SUT NO ACCIDENT SIGNATURE PARMINED SIGNATURE PARMI	with gun and gun went off. CE OF NJURT (Home, farm, 201. (City or fown) (Country, street, office bdg., atc.) R. D. #Salisbury() Id an Autopsy Inspection Inquiry ide Homic.de Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	YES NO MICO.) Md. and in my opinion DATE SIGNED St. 21/1961				
	gave rise to immediate cause (a), stating the underlying Causa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (E Whila Not Whila of work 12. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident REMOVAL (Spacity) 22b. DATE THEREOF ANAME OF CEMETERY OR REMOVAL (Spacity) 22c. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacity) 22c. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacity)	with gun and gun went off CE OF NURTHOM, farm, 201. "[Clify or fown] [County ory, street, office b do., atc.] R. D. #Salisbury() Id an Autopsy Inspection M. Inquiry M. Ide Homic.de M. Undetermined manner CHIEF MEDICAL EXAMINER M. DEPUTY MEDICAL EXAMINER M. Address (Streat, city, town, or county) CREMATORY 72d. IOCATION (City, lown, or country)	YES NO MI YES NO MI (State) NO MI (State) NO MI (State)				
	gave rise to immediate cause (a), steling the underlying Causa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (E) PRIMARY DT or CONTRIBUTING II CAUSE OF DEATH. Beating bushes Whila Not Whila facts Whila Not Whila facts Whila Not Whila facts actual SIGNATURE PRIMARY DT or CONTRIBUTING II ACTUAL SIGNATURE EXAMINER'S Dr Earl L. Royar NAME (Type) 407 Camber Ave. Salisbury, Removal (Specify) Burial Aug. 23, 1961. Shad Point	with gun and gun went off CE OF NURPHONE, farm, 201. "Icity or town) (County rarm R.D. #Salisbury() Id an Autopsy Inspection M. Inquiry M. Ide Homic.de M. Undetermined manner CHIEF MEDICAL EXAMINER M. DEPUTY MEDICAL EXAMINER M. Address (Streat, city, town, or county) CEMETERY R.D. # Salisbury, Medical Examiner M. CEMETERY R.D. # Salisbury Medical Examiner M. CEMETERY R.D	yes No Mico.) Md. wico.) Md. and in my opinion pare signed (State) (State) Aryland				
	gave rise to immediate cause (a), stating the underlying Causa last. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY DE OF CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED. (E Whila Not Whila of work 12. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident REMOVAL (Spacity) 22b. DATE THEREOF ANAME OF CEMETERY OR REMOVAL (Spacity) 22c. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacity) 22c. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Spacity)	with gun and gun went off CE OF NJURT [Home, farm, 201. [City or town] [County ory, street, office b dg., afc.] R. D. #Salisbury(] Id an Autopsy Inspection Inquiry Id an Autopsy Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) CREMATORY Zed. IOCATION (City, town, or county) Cemetery Registrar 24b. Registrar's Sign	YES NO MI YES NO MI (State) MICO.) Md. and in my opinion DATE SIGNED (State) (State) Aryland NATURE				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 2. USUAL RESIDENCE (Where decreased lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Maryland Cecil Wi comi.co MARYLAND the 12 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town b. CITY OR TOWN (if outside corporate limits, E TENGTH OF STAY IN 1h and ģ write RURAL and give naarast town) Salisbury Fredericktown l dav a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? Deer's Head State Hospital YES NO 4. DATE NAME OF Month Middla DECEASED DEATH Adrienne Loui se 61 (Type or print) Tuch August 19 Com 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. carbon B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months pue Female White DIVORCED T WIDOWED -10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician death certificat remove done during most of working life, even if retired) U.S.A. Housewife Home N.J. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please ding Harry Schmidt Bertha Van Rouback IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivawarordalesofsarvica) William Tuch. Fredricktown. No. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY-Arteriosclerotic cardiovascular disease, decomo. vear IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava rise to immadiate cause **DUE TO** (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS ALTOPSY 9 E B PERFORMED? Diabetes mellitus NO . prior 208 ACCIDENT WAS UNDERLYING OR CONTR BUT NG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, (County) (Stata) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work at work A ATTENT may be retained DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from August 1 19.61 to August 2 161. that (I) (we) last August 2 19.61., and that death occured a 203 to 150m the causes and on the date stated above. saw the deceased alive DATE 22a, SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. 61 PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Deer's L. V. Maldve. M. D. Head Hospital; Salisbury, Md. 23d LOCATION (City, lown or county) (Stata) 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Md. Cecilton, Cecil Co; क्ष हैं व Cecilton Cemetery Aug. 5. 1961 Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE G Cally & Know

RYLAND STATE DEPARTMENT OF HEALTH



SALISBURY MARYLAND

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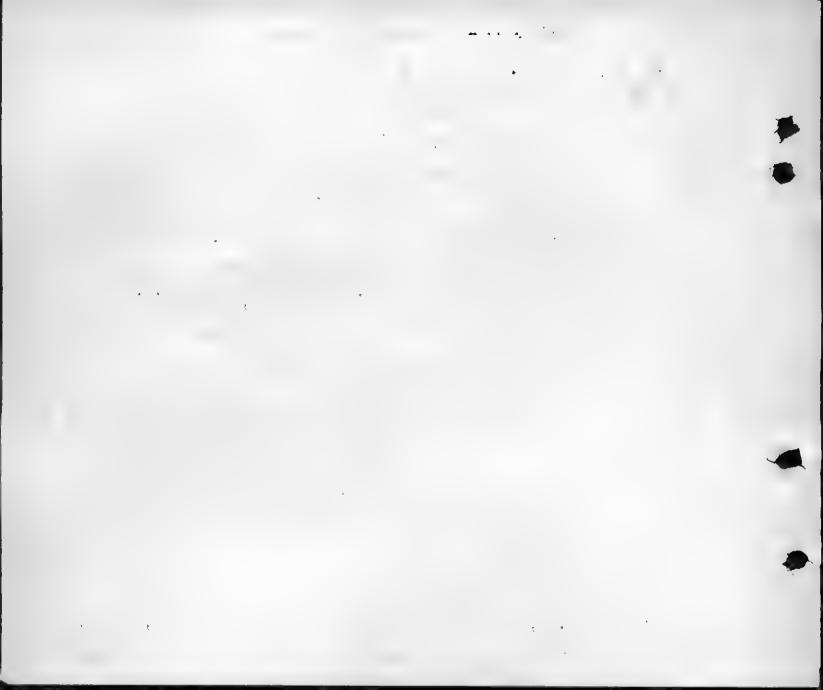
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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FUNERAL DIRECTOR



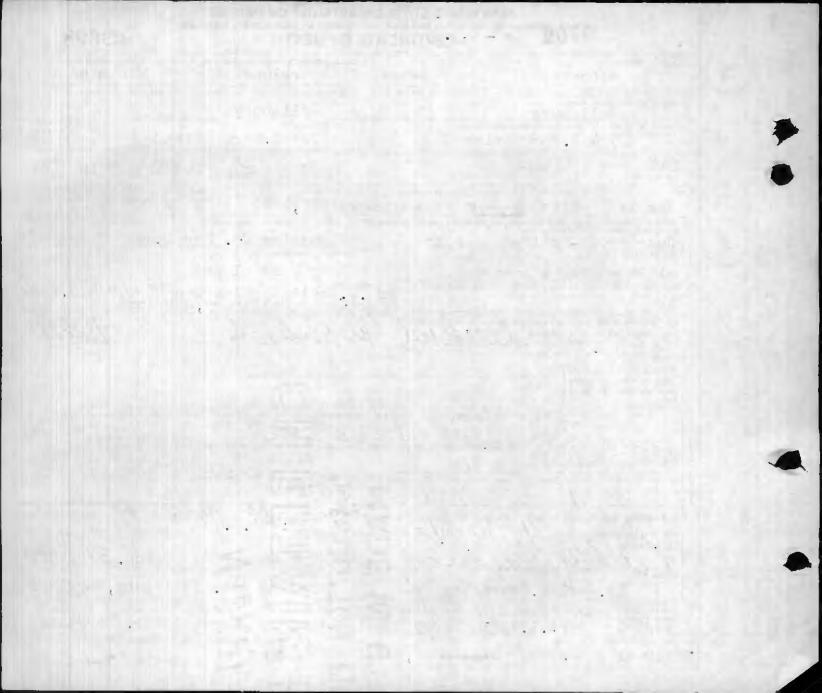
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MARYLAND STATE DEPARTMENT OF HEALTH 970 SIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09698

				11-0-12			
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		rian: Residence befare admission) WICOMICO			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		RURAL and give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION 24 S. Park DI	et address)	d. STREET ADDRESS 724 S	.Park Drive	e. IS RESIDENCE ON A FARM? YES NO T			
3. NAME OF BIRTHUIS (Type or print) GERTRUIS)E Middle	WEST	4. DATE OF AUGU	ST 30th 1961			
7.54	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 28,18	9. AGE (In years lest birthdoy) yrs				
10a. USUAL OCCUPATION (Give kind of work done It during most of working life, even if relired) House Work -Retired	None	STRY 11. BIRTHPLACE (Stole Worceste	or foreign country) r Co. Maryla	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME							
William Thomas Howa	ard	Mary Jane Blades					
15, WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service)		S.J.Cecil R Drive Sa	agains(Daug lisbury,Mar	hter)724 S.Parl			
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITION	erelinal C	Monleo	-36	OVISET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESGRIFÉ HOW INJURY OCCURRE N/A	ED. (Enter nature of injury in I	Port I or Part II of item 18.)				
Hour a.m. Wh	I da	ACE OF INJURY (Home, form actory, street, office bldg., etc		(County) (State			
21. I certify that (!) (this haspital) attended the deceased fram accurred at							
Jacky Sea	elske	M.D. ATTENDING W. M. D. PHYS. DI	ED. STAFF PHYS.	Aug. 3/ /1961			
NAME (Typer. Earl M. Beardsley Maryland Ave. Salisbury, Maryland							
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C	or CREMATORY Kin Cemeter	y Somerset	co. Maryland			
24, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE			
HOLLOWAY & COMPANY	SALISBURY, MAR	YLAND DATES	P 5 '61 a	Alun I House			



tems 8 24 261 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) I. PLACE OF DEATH a. COUNTY necessary, actor, Page b. COUNTY Wicomico Marvland Wichmico funeral director. Pagained for your files, MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 Salisbury Salisbury Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) . IS RESIDENCE d. STREET ADDRESS ON A FARM? to the func. Cherry-Way YES NO V Cherry-Way 3. NAME OF 4. DATE Middle Last Year DECEASED OF (Type or print) (Cooper) DEATH DALE AUGUST 19 2 with th 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 3 last birthday) and ithin 24 hours after d I. Give Pages 1, 2, and orm #M3. Page 5 ma . File pages 1 and 2 v Male WIDOWED DIVORCED T Feb. 8, 1926 6 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired) Laborer - Construction None Willards, Maryland 13. FATHER'S NAME with form t permit. File p Larry Cooper Stella Hill 18. Form 16. SOCIAL SECURITY NO. 17. INFORMANT OF Clarence Copper 300 E. Locust St 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (If yes give wer or detes of service) YES Salisbury Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ing" in pencil in Ite or's Office along was a burial-transit p removal, and in a ONSET AND DEATH Sudden PART I. DEATH WAS CAUSED BY: Burns 100% body surface IMMEDIATE CAUSE (a) ed bluods **DUE TO** Conditions, il eny, which (6) gave rise to immediate couse Examiner's DUE TO (a), stating the undarlying Medical Exami should be used rial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CERTIFICATION PERFORMED? word Fracture left tibia NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. the Chief Mer. R: Page 3 short or to burial, Apparent fire in bed 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While please execute the certificate, w 4 should be forwarded to the O FUNERAL DIRECTOR: Pa or its designated agent, prior to HOME Salisbury Wicomico Md. et work at work 21. I certify that I took sharge of the remains described above, held an Autopsy Inspection MEDICAL Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer Dr. Earl DEPUTY MEDICAL EXAMINER Y DEPUTY 1.961 Aug. 15 Ave. S Sal sbury Md Addi NEME (Type) Camden Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 240 p New Hope, Maryland OH Burial Aug. 1 New Hope Cemetery 23. FUNERAL DIRECTOR 24%. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISMET arthur S. Kenses HOLLOWAY & COMPANY SALISBURY MARYLAND DANUG 1 7 '61 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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DESCRIPTION OF THE PROPERTY OF THE PARTY OF = - 1 (ango-94 The first primary that the management with a present of ACCOMMEND OF THE PROPERTY OF T